Linstead inquiry finds for 'as you were' contract

The working party on NHS General Pharmaceutical Services which was set up in 1970 under the chairmanship of Sir Hugh Linstead to look into all aspects of the involvement of pharmacists in general practice in England and Wales, have found no major principles which they can recommend for negotiations between the Central NHS Committee and the Department of Health and Social Security.

The party's report, see p. 218 however, makes 13 recommendations on various aspects of the Service but at the outset it states that despite much dissatisfaction expressed to the party on the existing terms of reference the party conclude: "The fundamental items which make up the contract today must, in our opinion, remain the basis of the regulations so long as the law governing the general practice of pharmacy remains substantially as it now is".

The report says the present contract "cannot be significantly simplified without loss of opportunities for improving remuneration".

Whilst the drug testing scheme is found to be "justified and satisfactory" the report says that corresponding schemes should be devised for hospitals and dispensing doctors.

The Central NHS Committee have accepted most of the recommendations in the report. By a majority decision it recommends rejection of No 4 (urgent medicines) and by unanimous decisions Nos 9 (appliance courses) and 13 (discount).

Pharmaceutical Committee representatives are being called to a conference to discuss the report at the School of Pharmacy, Brunswick Square, London WC1 at 11 am on Sunday, October 8.

Good retail sales in June

June was a good month for retail sales by chemists compared with the same period last year. Independents increased their sales by 6 per cent.

Indices for the month were: all chemists, 153 (+ 10 per cent), independents 146 (+ 6), multiples 167 (+ 16), Co-operatives 113 (no change). The figures are issued by the Department of Trade and Industry.

The returns do not allow for NHS receipts.

Chancellor's advice on SET pricing

Traders are urged to make full allowance for the abolition of purchase tax and SET in their pricing policies on the introduction of value added tax by the Chancellor of the Exchequer Mr Anthony Barber, in the first issue of *VAT Bulletin* issued by Customs and Excise.

It will also be necessary, he adds, to check that suppliers' prices also reflect their savings as a consequence of the abolition of the two taxes when VAT comes into force on April 1, 1973.

Mr Barber adds: "We need to dispel the false impression that retailers should apply their mark-up to the tax-inclusive price charged to them by wholesalers, as some of them now do for goods which have borne purchase tax, and then add VAT.

"If they do this, they will be charging too much and may find themselves undercut by their competitors who have understood how the tax mechanism operates."

Judge stops Berk trial

The trial of Berk Pharmaceuticals Ltd and its chairman, Mr F. H. Choppin, was stopped last week before completion of the defendants' evidence.

The case, at the Central Criminal Court, London, was brought by the Customs and Excise and concerned the liability to purchase tax of dispensing packs of Asilone tablets. Two years ago the Purchase Tax Officer withdrew, without prior notice, the purchase tax exemption previously granted on the product (*C&D*, July 11, 1970, p 42).

Judge Geraint Rees said he considered it his duty to stop the case and directed the jury to bring in a verdict of not guilty on all counts after having considered the evidence presented.

The point at issue was whether the 0·6 per cent silica present in an Asilone tablet could be regarded as an excipient. If it was held to be so then the packs could be sold free of tax.

The Customs and Excise view was that since silica enhanced the anti-foaming properties of dimethicone (an ingredient), it could not be considered to be an excipient. Berk maintained that a substance could enhance therapeutic activity and still be an excipient.

Those giving evidence for Customs and Excise included Professor A. H. Beckett and Dr T. D. Whittet. Support for Berk came from Professors J. B. Stenlake, J. E. Carless and M. R. W. Brown.

In his summing up the judge said that the distinguished witnesses on each side of the issue differed greatly amongst themselves. But he was satisfied that the facts presented were "not satisfactory evidence" upon which the jury could properly find that silica was not an excipient.

Purchase tax on Asilone tablets has been paid at the rate of about £140,000 per annum.

The Welsh White Paper

Government proposals for the reorganisation of the National Health Service in Wales are set out in the White Paper published by Mr Peter Thomas, Secretary of State for Wales, on August 3.

There will be eight Area Health Authorities (AHAs) matching the new proposed counties. The authorities will be accountable to the Secretary of State. The Welsh Hospital Board will be wound up in April 1974, when the new proposals take effect.

AHAs will normally have about 15 members. Although members of the health professions will be included in the membership they will be there in a personal capacity rather than as spokesmen of the collective views of the professions. There will be provision for successors to the present local pharmaceutical committees.

Where appropriate it is proposed that AHAs operate their services on the pattern of health "districts" which will not be a separate formal level of authority (*NHS Reorganisation in Wales. HM Stationery Office. £0·26½*).

Another letter on digoxin

A second letter has been sent out by the Committee on Safety of Medicines on digoxin tablets, following the announcement last week by Burroughs Wellcome & Co on the potency of Lanoxin tablets.

The Committee advises pharmacists that Lanoxin brand digoxin may be supplied—provided the pharmacist has confirmed with the prescriber any adjustment necessary in the dose—against open prescriptions for 0·0625mg (paediatric/geriatric) or for 0·25 mg digoxin tablets where no alternative to Lanoxin is readily available.

The earlier letter written in consultation with the Pharmaceutical Society, advised amongst other things, that Lanoxin should not be dispensed against open prescriptions.

Vacuum flasks and babies

General practitioners, medical officers of health, hospital authorities and Executive Councils are being asked by the Department of Health and Social Security to warn mothers of young babies of the possible dangers of using vacuum flasks to keep babies' feeds warm.

The Department's statement adds that many mothers with babies who are bottle fed find it convenient to prepare feeds in advance for use during the night or on journeys. Since these feeds are usually given at about body temperature, warm feeds are often kept in vacuum flasks until required.

Vacuum flasks are now becoming available which are designed to have a teat fitted directly to them so that there is no need to transfer the feed to a feeding bottle. "The use of vacuum flasks in these ways can be hazardous to the baby.

"The proper way is to keep the feed cold and to warm it, if this is considered to be necessary, immediately before use."

The dock strike and medicines

When Mr Robert Carr, the Home Secretary, announced the proclamation of a State of Emergency last week to safeguard essential supplies affected by the dock strike he drew attention to the new regulation designed to facilitate the supply of medicines.

Working party on NHS contract finds little room for change

Many branches of the Pharmaceutical Society of Great Britain and of the National Pharmaceutical Union, and pharmaceutical committees throughout England and Wales provided evidence to the Working Party on NHS General Pharmaceutical Services whose report was published this week.

Under the chairmanship of Sir Hugh Linstead, the party was appointed in September and October 1970 by the Society's Council, the NPU Executive Committee and the Central NHS (Chemist Contractors) Committee to consider all aspects of the involvement of pharmacists in general practice in the NHS bearing in mind the proposed reorganisation of the NHS.

Thirteen recommendations are made but nowhere in their discussions with witnesses did they find any fresh principles which they could recommend as a new basis for negotiations between the Central NHS Committee and the Department of Health and Social Security.

In drawing up their report the party assumed that the two main bodies at present directly concerned with the pharmaceutical service—Executive Councils and Pharmaceutical Committees—will be preserved in the reorganised service with substantially their present functions although probably with responsibility over wider geographical areas and with different names. It also pointed out that a large range of activities will be developed by Area Health Authorities which will be concerned with the provision of personal health services in one form or another. These will include such services as ante and post natal clinics, family planning and health education, services previously provided by local health authorities with little or no pharmaceutical involvement. The new structure will provide new and wide opportunities for the participation of pharmacists provided there is full involvement of pharmacists in management and a strong practice-based pharmaceutical advisory committee structure.

Terms of reference
To consider, in the light of the proposed reorganisation of the administrative structure of the health service in England and Wales, all aspects of the involvement of pharmacists in general practice in the National Health Service, and to submit a report to the Central N.H.S. (Chemist Contractors) Committee.

'Indivisible'

The terms of reference referred specifically to NHS, but the party found from the evidence received and from their discussions among themselves that such changes that were felt to be needed in the Service were, more often than not, changes sought for pharmacy in general. "The general practice of pharmacy is, in fact, indivisible and the position of the pharmaceutical service as a part of NHS could only be adequately examined in its relationship to the larger whole outside".

In a survey of the problems facing the general practice of pharmacy today the party says: "a graduate who chooses general practice of pharmacy as his life's work is likely to find that much of his energy and time is devoted to commercial activities which have become connected with his profession mainly by historical accident and may well feel unhappy when he sees contemporaries with comparable qualifications advancing through other professions that seem to offer a more satisfying life, substantially higher terminal rewards and fuller public and social recognition.

But there is another side to this coin, the party say. All lay witnesses seen or heard were unanimous in praising the quality of the pharmaceutical service currently provided for the public both in and outside the Service. There were no obvious signs of public misgivings with the arrangements at present in force for the dispensing each year of about 270m NHS prescriptions or for the supply of other pharmaceutical needs. The evidence given by three non-pharmaceutical witnesses "whose views must command respect, saw no fundamental objections and certain advantages in the public being able to buy a wide range of diversified articles under the same roof. They stressed, and we share their strongly expressed opinion, that in any review of general pharmaceutical practice the convenience of the public must be the paramount consideration. This is indeed a useful reminder that the public could be put to considerable inconvenience if a reform such as the planned siting of pharmacies were to result in a substantial reduction of the total number and thereby extend significantly the distance from many homes to the nearest pharmacy", the party says.

On diversification in pharmacy the party's report says: first and most important, the public is satisfied; secondly, any substantial concentration of professional work into fewer pharmacies in order to make them economically viable on the basis of professional work alone would actively inconvenience the public; thirdly it was questionable whether, in those large communities overseas in which the British precedent had been followed, that the public was poorly served pharmaceutically speaking. Finally the commercially orientated pharmacist was no less zealous in the maintenance of professional standards than colleagues who sought to restrict themselves entirely within a professional horizon. At present both groups could develop their particular leanings.

After surveying the fall in the number of pharmacies over the past decade the party believes the needs of areas of low population density require special consideration now, whatever the long-term solution may be. The rural area subsidy should be more freely applied and merits financial support from public funds. Arrangements for the collection of prescriptions and the distribution of medicines need to be organised on a wider scale and greater flexibility, subject to adequate controls, should be permitted in the hours of service if the population of some of these areas is to be assured of a reasonable response to their needs.

Discontent felt by pharmacists undoubtedly stemmed from the fact that in some areas there were too many pharmacies chasing too little pharmacy. On the other hand, extra pharmacies were also needed in selected places to meet reasonable public needs. Various proposals have been made to deal with these problems, most of them involving the regulation by one means or another of the siting of pharmacies.

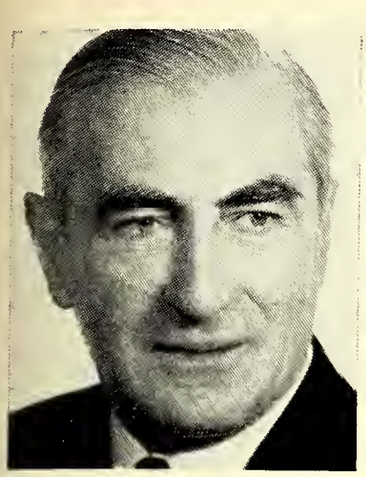
Legislation would be required and to reform equitably the long established current state of affairs and this in turn would need to be preceded by a governmental inquiry. To this the party says: "It would be easy for us to take refuge in a recommendation that the Government should now be urged to set up an authoritative inquiry as the first step towards legislation". The members decided not to make such a recommendation because "there are three influences at work at the moment which should be allowed to develop further before fresh legislative projects are formulated. These are the new patterns of practice that will emerge from the implementation of the Medicines Act, 1968, the current reorganisation of the NHS and the developments stemming from Britain's entry into Europe".

RECOMMENDATION 1

(a) That no steps be taken at the present time to move the Government to set on foot an inquiry into the future development of general pharmaceutical practice; and

(b) that discussions on this subject with the Department be confined to such limited arrangements for controlling the siting of pharmacies as may be required to meet the needs of the National Health Service in special areas.

The report points out that Pharmaceutical Committees today regard it as their responsibility to ensure an adequate pharmaceutical service throughout their areas, although the statutory or contractual powers possessed by Executive Councils for this purpose are limited. They have available some devices but



Sir Hugh Linstead, chairman of the working party. Chairman, Macarthys Pharmaceuticals Ltd

W. M. Darling, past president Pharmaceutical Society. Proprietor

G. T. M. David, chairman Central NHS Committee. Proprietor

R. Idris Hughes, member, Hertfordshire Executive Council. Proprietor

what they do not possess is the power to ensure that a carefully devised arrangement to guarantee a service for a particular community is not disrupted by the opening of a pharmacy in such a situation as to destroy the viability of the whole scheme. "What, therefore, is required is for Executive Councils, acting on the advice of their Pharmaceutical Committees, to have power to declare an area for which they have made special arrangements to ensure a pharmaceutical service to be a 'closed area'. They would then be entitled to refuse a contract under the NHS to the owner of a new pharmacy to be opened in such an area. Because of the possibility of creating some form of monopoly and to limit the likelihood of criticism of the influence of the Pharmaceutical Committee, it would be essential that each decision to create such an area should require individual approval by the Minister and that it should be reviewed periodically. There would also need to be a provision whereby a would-be applicant for a contract in such an area could appeal to an independent authority against his inability to obtain one. Obvious examples of places that might usefully be designated 'closed areas' where some rural areas and some suburban estates where one pharmacy could reasonably be expected to be viable but where two would be uneconomic.

"If Executive Councils used this power sensitively in consultation with Pharmaceutical Committees we believe that many of the geographical gaps in the present service could be filled and that no wider planning powers would be found to be necessary."

Membership of working party
Sir Hugh Linstead, chairman; W. M. Darling; G. T. M. David; R. Idris Hughes; D. F. Lewis; J. M. T. Ross; D. E. Sparshott and J. Wright. Joint secretaries were J. Charlton and J. Ferguson.

On the same subject the report says the concern of Executive Councils with the siting of pharmacies must be limited to those areas where the pharmaceutical service is inadequate or where a special scheme has been devised to preserve an existing service. "The general banning of newcomers from areas where it is more than adequate is too remote and uncertain a remedy for curing shortages elsewhere to justify giving Councils so far-reaching and drastic a power."

The party is in agreement with that part of a report "The Organisation of Group Practice" regarding the future rôle of the pharmacist, in health centres. It makes one exception: which said that there were "obvious advantages if the pharmacist could work in the same premises or in close proximity to the doctor so that communication between them became easier."

The Linstead party says this statement properly underlined the advantages but it took no account of the disadvantages of concentrating pharmaceutical practice in or around central units. "Taken to its logical conclusion, its line of thinking would lead to the eventual grouping of the larger part of the general medical practitioner services of an area, together with the dispensing element of its general pharmaceutical service, at central points to which the patients would be required to journey for their consultations. The price to be paid for such centralisation, if it is carried out uncritically, is to drain surrounding areas of both general medical and general pharmaceutical services." In the pharmaceutical field the balance of advantage lay in having pharmacies near homes, so that the many services they rendered over and above dispensing prescriptions could be as widely distributed as possible.

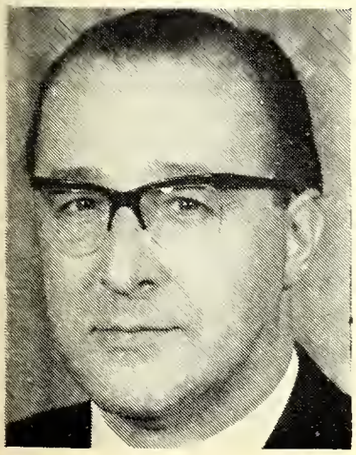
Summarising its views upon the question of limiting the present free right of entry into contract under the National Health Service the party makes the following recommendation:—

RECOMMENDATION 2

If the general right of free entry into contract under the NHS enjoyed by every owner of a pharmacy since the National Health Insurance Act, 1911, is to be limted, it must be done by a clear statutory provision enacted by the operation of the full parliamentary legislative process.

Continued on p 220

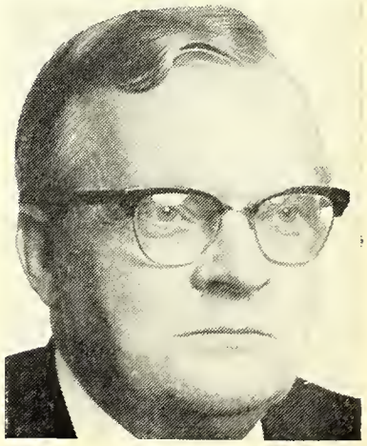
D. F. Lewis, secretary and registrar, Pharmaceutical Society



J. M. T. Ross, director, Boots the Chemists Ltd. Member, Central NHS Committee

D. E. Sparshott, member of the Society's Council. Retired Boots superintendent

J. Wright, director, National Pharmaceutical Union. Secretary, Central NHS Committee



continued from p 219

It should not be effected by ministerial rule or by a mere modification of the terms of service of contractors.

Until general legislative provisions have been enacted, the power to refuse entry into the Service should be restricted to areas where it is essential in order to assure a particular community of a pharmaceutical service.

Areas which might be declared "closed" might include an area of low population density or a housing estate of limited size capable of supporting one pharmacy but not more; or an area around a health centre served by a pharmacy jointly owned by a consortium of chemist contractors or adequately serviced by some other special arrangement.

The power to designate a "closed area" should not be exercisable solely in order to facilitate the enlargement of a pharmaceutical unit within a health centre.

The power should be exercised by an Executive Council acting on the recommendation of the Pharmaceutical Committee and should require the approval of the Minister in every case.

An applicant aggrieved by the refusal of an application for a contract or any person wishing to challenge a decision to close an area should have a right of appeal to a tribunal not previously involved in adjudicating on the question

A similar right of appeal should be available to a Pharmaceutical Committee whose advice has not been accepted by an Executive Council.

In the remainder of its report the party concentrated upon an examination of the detailed provisions of the terms of service embodied in the current contract and have deliberately refrained from proposing solutions or projects which could not be dealt with by a modification of the contract but would require major amendments of the Pharmacy Acts .

One complaint frequently recurring was that the basis of remuneration had now become so complicated as to be incomprehensible to many contractors. The party reply: "There is no escape from it so long as parliamentary control of public expenditure is as rigorous as it is today and while most details of the contract are dependent upon the examination of statistics rather than on expressions of opinion or on advocacy".

A number of bodies and individuals suggested in their evidence that the employment of a "professional negotiator" might produce a more satisfactory set of terms of service. The working party however was not persuaded that this suggestion was more than another way of expressing dissatisfaction with the current terms.

The strength of the "professional negotiator" in the sense in which that term was usually understood lay in his being armed with the threat of industrial action. Often, it is less his ability to negotiate than his power to disrupt that gave him his effectiveness. Without arguing for or against the use of the threat of disruption as a weapon in pharmaceutical negotiations, experience suggested that it was not likely to be widely acceptable among contractors. If the weapon were available, it could be as effectively used by the Central NHS Committee as by anyone else.

It was the party's view that the Central NHS Committee had proved itself to be as effective a piece of negotiating machinery as was likely to be devised. Such deficiencies as existed were to be found in the values attached to individual items and therefore to the total remuneration produced, not in the basic structure.

Some of the evidence received indicated that there was a lack of familiarity among contractors with the details of the present contract.

The size of the statistical sample of pharmacies used for determining various cost elements was criticised as being too small. The views of the responsible statistician were sought and the party was satisfied that the sample (210 pharmacies) was adequate for its purpose. There was also a general complaint that the methods of arriving at the contractor's remuneration were so elaborate and obscure as to make it impossible for most contractors to ascertain whether or not the payments made represented what was due to them. The party was urged to indicate ways of simplifying both the calculations and the presentation of the results to the individual contractor. The report answers that the more carefully the members examined the problem "the clearer it became that the more closely remuneration takes account of every element of the contractor's costs the more detailed and sophisticated the calculations must necessarily become. Simplicity becomes merely another name for sacrificing opportunities for improving the terms".

A retaining fee

The proposal that one element in the remuneration should be a retaining fee in one form or another was put by a number of witnesses. The supporting argument was that a pharmacy stood available for use by the public whether or not it was being used and full establishment charges were incurred in respect of staff and stocks all the time it was open. Under the terms of the contract a pharmacy could be closed temporarily when there is little business to be done and the pharmacist must himself be available during all the hours of opening. This argument was particularly strong where the responsible pharmacist lived on the premises or close by and was relied upon by his community to be available for medicines or advice at any hour of the day or night.

But how should a retaining fee be calculated? "Clearly it should not be related to the number of prescriptions dispensed. It belongs to the element in the calculation which takes account of the pharmacist's salary or the establishment charges or both, irrespective of any allocation of time or of proportion of turnover. . . In our view the calculation should be based upon the total turnover of the pharmaceutical element of the business, including the whole of the pharmacist's salary. In other words, it should take into account the time during which the whole of the pharmaceutical service of the establishment is standing at the alert waiting to be used and not only the time during which prescriptions are actually being dispensed."

RECOMMENDATION 3

That the whole of the overheads of the pharmaceutical section of an establishment, including the whole of the salary of the pharmacist should be attributed to the National Health Service in recognition of the fact that a pharmacy is standing by for service during the whole of its opening hours and not only while actual dispensing is being undertaken.

The party is opposed to a straight retaining fee representing the stand-by value of a pharmacy to the community because it says this would inevitably subsidise some businesses doing a minimum of dispensing making no effective contribution to the Service. Secondly, it would bring with it a reduction of average overheads and therefore of all the elements in remuneration into which overheads enter, so that total remuneration would not necessarily be increased.

Also looked at by the party was the possibility of basing remuneration upon an assessment of the amount of professional work which one pharmacist could reasonably be required to perform within a set period of time, the work being expressed as the number of prescriptions dispensed during that period. This unit of work would be regarded as a "norm". Payment for it would include in the calculation the whole of the full-time salary of one pharmacist. Where the number of prescriptions actually dispensed fell below the norm in any particular pharmacy, the remuneration appropriate to the norm would still be paid, on the principle that, so long as a pharmacy was open, a service was being offered. Where, however, the norm was exceeded, the payment for prescriptions in excess of the norm would be progressively scaled down in order to encourage the contractor to engage a second pharmacist. When that happened a second norm would be regarded as having been established and the scaling down would be discontinued.

The party, however, was not persuaded that the scaling down of fees for prescriptions dispensed above the norm would provide any effective sanction in the case of those contractors who chose to accept increased pressure at certain times, along with some reduction in fees, rather than add substantially to their staff costs. The report mentions that the strongest arguments against tying remuneration to a norm were that it was a disincentive to efficiency and that it interfered with the freedom of the contractor.

Also looked at was the feature of some health services in which the patient registered with the pharmacy of his choice. While admitting this method was administratively convenient the party declared it would not be practicable to introduce it here, at least until the public had a fuller understanding of its value."

RECOMMENDATION 4

That Pharmaceutical Committees be urged to review regularly, and in any case not less than once a year, the arrangements available in their area for enabling the public to obtain urgent medicines at times when pharmacies are normally closed; and that such review include a

particular examination to ensure that general practitioners and the police are furnished with up-to-date lists of addresses and telephone numbers of pharmacists in the area likely to be available to provide service in an emergency.

On the question of the employed pharmacist manager being party to the NHS contract the report says:

RECOMMENDATION 5

The contract under the National Health Service Act should be, as at present, between the Executive Council and the proprietor of the pharmacy.

According to the report the arrangements for the representation of corporate bodies on the Central NHS Committee are satisfactory and should be continued, but there were conflicting views expressed to the party on the remaining constitution, eg, it was said that the Society should have their own representatives.

Of the 55 Pharmaceutical Committees who submitted evidence only 12 considered that the Society should be formally represented.

The report adds: Those members of our working party who have had no hand in the negotiations are satisfied that a differently constituted Committee is unlikely to have achieved any better terms but we must nevertheless take serious account of the suggestions for altering the method of electing the membership. The main criticisms are two: that members are selected by the Executive Committee of the NPU and not elected directly by the contractors and that they are not necessarily geographically well distributed.

RECOMMENDATION 6

That a motion along the following lines should be submitted to the conference of representatives of Local Pharmaceutical Committees—"That the Central NHS Committee prepare . . . a scheme to provide for a proportion of the Committee to be elected by the contractors, the scheme to take effect before 1974 when the new administrative structure of the Health Service comes into operation", it being understood that a vote against would be a vote for no change in the present arrangements.

It was "strongly" put to the party that the element in the remuneration which represented a pharmacist's salary was too low and that so long as a claim was built up from "this unsatisfactory base, the result will necessarily be unsatisfactory also. We were therefore urged to recommend that the Department should be approached to do for pharmacy what has been done for other professions and appoint a review body to undertake this task and thereby provide a new and objective starting point for this section of the negotiations". The party were, however, reminded that it would be necessary to show that any new salary figures produced by a review body were, in fact, being paid, for example to pharmacist managers. "The review body should be appointed by the Department. A similar body appointed by a pharmaceutical organisation . . . would be bound to be regarded as less authoritative."

Witnesses to the working party were asked to suggest ways by which economies might be effected in the pharmaceutical service. Two suggestions were closely examined. The first was that a prescriber should be limited to ordering not more than four weeks' supply of medicine at a time, or alternatively, that a pharmacist should not supply more than that quantity at one time. On this the report says representatives of the medical and pharmaceutical professions should agree a joint policy on which representations may be made to the Department.

The second suggestion was freedom for the pharmacist to replace a proprietary drug with a generic equivalent.

To this the party reply: "We are opposed to substitution; it can be justified only in altogether exceptional circumstances when all attempts to contact the prescriber have failed and the welfare of the patient urgently demands that the nearest equivalent to what was prescribed shall be supplied".

The efficiency of the pricing bureaux was praised by many witnesses. The report adds that any improvement in the time cycle which can be made without endangering accuracy would be welcomed by contractors. The trading problems facing the contractors could be eased if it were possible for payment to be made one week earlier than at present.

Discussing the drug testing scheme the report says what made the current scheme unpalatable to the pharmacist was the fact that there were no corresponding arrangements applicable to medicines dispensed in hospitals nor to those dispensed by physicians. The Department had no means of satisfying itself whether or not either the quality of the medicaments or the skill of the doctor's dispenser corresponded with the standard for which it was paying.

RECOMMENDATION 7

That renewed representations be made to the Department of Social Security pointing out the need to provide for patients receiving their medicines from doctors and from hospitals safeguards similar to those provided by the Drug Testing Scheme for patients receiving their medicines from pharmacies.

There was no doubt that better remuneration would encourage fuller participation in the distribution of oxygen and it was sufficiently different in kind from the pharmaceutical service to justify both a separate contract from that for the supply of drugs and the creation of a separate fund from that used to finance the pharmaceutical service proper, states the report.

RECOMMENDATION 8

That the Central NHS Committee appoint a working party to study the arrangements for the supply of oxygen under the National Health Service to domiciliary patients with particular reference to (a) training facilities for new suppliers; (b) the desirability of arranging a separate contract; and (c) the basis and level of remuneration of the supplier.

Another recommendation concerns the supply of surgical appliances which the pharmacist has traditionally furnished. This may require the pharmacist to attend short specialised courses; it is realised that these are not at present readily available. The party suggest that local branches of the Pharmaceutical Society may well find that they can meet a need by arranging such courses with the collaboration of a school of pharmacy, a technical college or a manufacturer.

RECOMMENDATION 9

That the Pharmaceutical Society be invited to suggest to its regions the desirability of organising in appropriate areas, and where possible in conjunction with an educational institution, short courses of instruction in the kowledge and skills needed for the supply of the appliances described in the Drug Tariff.

The report also gives the following recommendations on certain other matters drawn to the party's attention:—

RECOMMENDATION 10

That a four-week annual leave period be used in calculating the cost of a locum in the overheads of a contracting pharmacy.

RECOMMENDATION 11

That a pharmacist who is a contractor and who wishes to do so should be able to have the superannuation element in his remuneration deducted and paid into an approved superannuation scheme or other approved arrangement chosen by him.

RECOMMENDATION 12

The possibility of both sides agreeing to submit a difference of opinion to arbitration should be written in to the contract.

RECOMMENDATION 13

The discounting of net ingredient costs should not be based upon the numbers of prescriptions dispensed in an establishment but on the total net ingredient cost of those prescriptions.

In its conclusion the party state that from their intensive examination what has emerged clearly from their work is that "pharmacists have performed and are performing a service which is recognised by the public, by doctors and by administrators alike as being of high quality. What is equally clear is that many pharmacists in the Service are unhappy with their conditions of practice. Part of this discontent arises from circumstances outside the Health Service—the historical and statutory basis on which pharmacy is organised in Great Britain. Part of it stems from dissatisfaction with the conditions in the Service. This discontent is certainly bad for the morale of the profession and cannot be good for the Service".

Within the Service improvements can be made by agreement—consortia pharmacies connected with health centres are an example—but they are likely to touch only the fringes of problems. At present the main hope must lie in improvements in the terms of remuneration.

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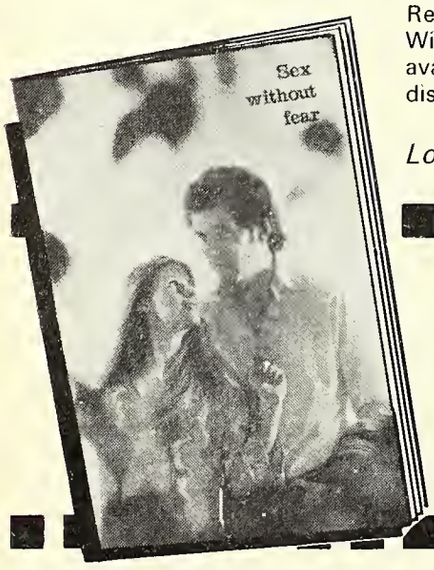

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COMMENT

After Linstead—Back to square one

At last, the report on which many in pharmacy had pinned their hopes has arrived. Regrettably it is a report with no teeth and little originality for a better deal for contractors and will be regarded by the profession with great disappointment. In short, never has so much depended on so few and never has so much been written which says so little. After 24 years' experience in the practical operation of the National Health Service a comprehensive reform is upon us and in the light of this what better opportunity to review the chemists' contract with Executive Councils.

The last working party concerning pharmacy was that chaired by Sir Noel Hall on the hospital pharmaceutical service. What a difference between that report and the Linstead report. In the former, problems in the hospital branch of pharmacy were openly identified, some radical proposals made to provide a better professional service and at the same time create a better deal for the hospital pharmacist both with respect to the work itself and career opportunities. This report was accepted by the Department and is now being implemented. Against that background what optimism there was for Linstead!

Ideal opportunity

Certainly the timing was right for such a study to be undertaken after a firm commitment by the Government in the form of two Green Papers to generally reorganise the National Health Service and last week's White Paper which took the matter a stage nearer reality. Not since 1948 has there been a better opportunity to examine the problems of 24 years' contracting experience and to make strong recommendations to correct the mistakes made at that time.

While reviewing the development of general practice pharmacy and discussing some of the problems of the NHS contract this report makes little in the way of recommendations for change. Three points which at best could be described as positive recommendations are made. Firstly the working party agrees that something has to be done in areas of low population density and areas round health centres to limit the automatic granting of the NHS contract. Secondly there is at last some recognition that contractors might wish to agree to some direct contractor representation on the Central NHS (Chemist Contractors) Committee. There is nothing new about these recommendations. Recommendation 3 provides the only glimmer of hope—"that the whole of the overheads of the pharmaceutical section of the establishment, including the whole of the salary of the pharmacist should be attributed to the National Health Service in recognition of the fact that a pharmacy is standing by for service during the whole of its opening hours and not only while actual dispensing is being undertaken."

But what of the more fundamental implications of the pharmacists' role in society? What of the hopes for the pharmacist being given more recognition and established as a member of the health team and being recognised as the expert on medicines as he indisputedly is? Where is the blueprint for the operation of general practice pharmacy in the new modern streamlined National Health Service? The report confirms the *status quo*. As for NHS remuneration and its negotiation at the present time, there is little or no criticism, more a pat on the back and a vote of confidence for the negotiators.

It is doubtful if the 10,000 or so contractors in England and Wales, particularly the smaller NHS turnover independent, will feel like cheering at the crumbs of comfort here. One by one the various points raised in the report are introduced and then for one reason or another they are quietly put to one side. Little, it seems, could be better than the situation that exists at the moment. How many contractors will agree with that?

Particularly disappointing is the failure of the working party to consider the method of remuneration in any depth. Are contractors adequately paid or are they not?

The working party seems to have turned its back on the small NHS turnover pharmacy. Pharmacy closures are still taking place, and it is the small turnover business that generally succumbs. Yet failure to recognise the inadequacy of the system of basing contractors' rewards on *average* remuneration means that closure of even more small independents will continue and perhaps be hastened.

If the mechanism of remuneration is to remain the same in the future where is the critical examination of the level of net profit? Is 16 per cent return to the average contractor good or is it bad? This appraisal is surely most important but there is nothing in the report.

The working party has chosen to gloss over, ignore or disregard many problems that currently face contractors, for example, long inflexible hours of service and payments based on the results of work measurement techniques applied in the dispensing costs inquiry.

Satisfaction the only reward

There is no doubt that it is becoming more difficult for the community to gain access to their family doctor and the signs are, particularly with the accelerating movement of physicians to health centres and group practices, that this will become more acute in the future. It can be predicted that the retail pharmacist will be required to spend more of his time advising the community on health matters in the future when presumably he will be expected to do this for nothing but the satisfaction of giving a first class service. It must be most frustrating for contractors to read that the working party (all of whom are pharmacists) cannot recommend much that would positively improve their colleagues' situation.

In advocating the *status quo* the financial advantage that accrues to the contractor dispensing more than the average number of prescriptions is maintained and thus this report might just please those operating large dispensing businesses. The multiples might well be satisfied with this report.

This report will be a disappointment to the profession as a whole, especially as it appears to be the best that the profession can do for itself. There is little here which suggests that a better deal for pharmacy can even be conceived by pharmacists themselves let alone

Continued on p 224

be put forward as an alternative to the present contractual arrangement. It is particularly disappointing to accept that it has been written by those who are associated with the leadership of our profession. If our leaders cannot shout for progress and a better deal than that outlined it is unlikely that anyone else will.

Who then is to blame for this failure? One must return to the appointment of the individual members of the working party. Three of the members are or have been associated with multiple chemist organisations, including the chairman, and only the same number (excluding Mr Wright) with the independent chemists. As about 80 per cent of chemist contractors are independents the composition of the working party hardly seems representative. One must also speculate on the impact this report will have on other organisations, coming as it does from entirely within the pharmaceutical profesion itself. On the subject of a review body that some contractors want, the report states "a similar body appointed by a pharmaceutical organisation, although it might cover the same field and produce identical results, would be bound to be regarded as less authoritative than one appointed by the Department." If the working party believes this then for the same reason its report cannot be held in esteem.

The Council of the Pharmaceutical Society and the National Pharmaceutical Union Executive must accept the responsibility for setting up the working party under the conditions of disproportionate contractor representation with respect to multiples and independents and with a pharmacist chairman who is associated with the NHS contract through his connection with a multiple chemist organisation. How much more enthusiastically the report would have been received if the working party contained non-pharmacist members such as Department of Health officials and a senior Government official or Privy Councillor as chairman.

If this is the best that can emerge after almost two years it is a poor show. Where Sir Noel may have succeeded for hospital pharmacy, regrettably Sir Hugh and his team have failed.

A dearth of facts

The Wellcome Foundation and the Committee on Safety of Medicines have made life extremely difficult for both the professions and patients by their dixogin announcements. These, we are led to believe, arise from fundamental discoveries relating to both manufacturing and analytical techniques, yet there is an absence of factual scientific reports relating to this incident.

The advice to chemists given by the Committee on Safety of Medicines concerning the dispensing of Lanoxin makes sense only if the Committee know that the new style preparation is as effective as say a solution of digoxin in alcohol and water, or a simple aqueous suspension of digoxin. Such preparations would eliminate the factors associated with tableting and might be regarded as providing the highest possible absorption rate.

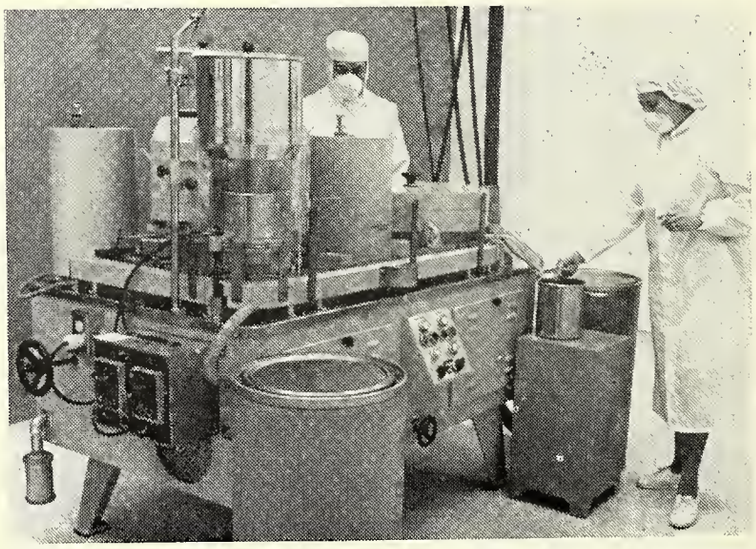
If the Committee have this information it apparently means that no other generic digoxin product can be more potent than new style Lanoxin, but since we are not given the facts of the situation it could also be said that some of the other 19 or so generic tablets currently marketed may have been as potent or, conceivably even more potent as new style Lanoxin — even before the Lanoxin story "blew-up".

One is lead to assume that few, if any, of the generic manufacturers know the revised "quality control system" now claimed by BW & Co, thus the bio-availability of generic tablets is also unknown, and presumably such manufacturers are therefore not able to control their processes sufficiently closely to avoid significant batch to batch variation. If that is so, it appears that a patient with a generic digoxin script still stands a good chance of encountering significant variations in digoxin tablet potency. It is known that some 20 per cent of patients suffer significant side-effects when on digoxin therapy—this previously unsuspected difference in bio-availability could well explain the observation.

Against that background it therefore seems sensible for patients to be advised to go to their "usual" chemist and for the chemist to constantly stock only one make of generic tablet in addition to the proprietary Lanoxin that he may require for scripts bearing that title.

It would undoubtedly help to clarify the situation more quickly if BW & Co were to tell us more of the process variables which have caused the differences in their products. It may well be a change of fluidised bed-drying for example, or perhaps a simple technique involving the excipient. If other manufacturers were provided with this information, they would be better placed to control their own processes. We do not normally advocate the release of such technical know-how by the manufacturers, but so much confusion has arisen that the Foundation owes it to the community to do all they can to help.

There are still a number of questions that need to be answered—why were the new tablets marketed without warning? And why did the Committee on Safety of Medicines condone the change in May? But we are much more inclined to ask why BW & Co did not issue the new formulation under a new brand name. They did so a number of years ago when dealing with Angised, where they claimed formulation improved clinical reaction. That policy would have avoided many problems and many questions that are to be repeatedly asked by anxious patients for some time yet.



Capsule processing in the new £1m addition to production facilities at Syntex Laboratories Inc, in California (See opposite)

COMPANY NEWS

Wm Ransom's profits up

William Ransom & Son Ltd are raising the total dividend by 3 per cent to 29 per cent for the year ended March 31, with a 24 per cent final.

Profits improved to £149,945 from £131,605, before tax of £61,586 (£48,761) although turnover was lower at £902,233 (£919,163).

In the first half, profits were ahead at £57,000 (£52,000) and directors said that at that stage they had been confident that the figure for the year would have been not less than the previous year's—however the coal strike had made it impossible to forecast with any certainty.

Merck seeks Irish production

Merck & Co Inc, New Jersey, USA, are negotiating with the Irish authorities about setting up a manufacturing plant near Carrick-on-Suir in the South of the Republic. Pending agreement, options have been taken on 180 acres of land.

Construction of the first stage is estimated to cost from £8m to £12m it is understood. Further stages would include pharmaceutical formulation and vaccine production.

Preparing for cromolyn in US

Syntex Laboratories Inc, Palo Alto, California, USA, has completed a £1m addition to its production centre in anticipation of the company's entry into the bronchial asthma field. Approximately three-quarters of the new facility will be used to manufacture cromolyn sodium, developed by Fison's and marketed as Intal in the UK in 1968. Syntex Laboratories Inc will market the compound in the US when approval is granted by the Food and Drug Administration which is currently expected before the end of December. (Picture p 224.)

Sanitas Trust Ltd, comprising Sanitas group sales, Wright Layman & Umney Ltd, Elsan/Premier Ltd and Superma Ltd, are moving to Sanitas House, Stockwell Green, London SW9 9JJ on August 14. Telephone inquiries 01-733 7911; orders 01-274 2076.

Mr Donald A. Clowes, MPS, in business at 578 Warrington Road, Rainhill, Lancs, retired on August 5, after 50 years in the profession. The business is being taken over by Mr Raymond Longster, another Rainhill chemist, who plans to refit and re-open the premises in a few weeks.

Sherman Chemicals Ltd point out that when their new factory at Sandy, Beds, is in operation (*C&D*, July 29, p 129) their factory at Gillingham, Dorset, will still be in operation. This factory is being continually developed. That at Sandy will provide bigger and better facilities for the functions presently carried out at Tottenham.

Jeyes-Cadbury: It was revealed this week that Cadbury-Schweppes Ltd had approached Jeyes Group Ltd with a view to making a bid for Jeyes. A joint statement said that the talks were discontinued on Monday.

Unichem Ltd have appointed Mr Frank Jamieson, MPS a director.

Deaths

Murdoch: Recently, Mr Alexander Henry Murdoch, Bellevue 2 Bruce Street, Macduff, Banffshire, aged 83.

Weiss: On July 31, George Frederick Weiss, MPS, 33 Crofton Lane, Orpington, Kent, aged 83. Mr Weiss qualified in 1917.

Mr. J. Anderson Stewart writes: The late George Weiss was *sui generis*, having been, possibly, the last individual to qualify without having attended a college course. This feat was achieved with the assistance and guidance of Mr Herbert Skinner, then pharmacist at the Royal Northern Hospital, and later president of the Pharmaceutical Society.

Soon after qualifying, he took over the business of Hugo Wolff in Tottenham, where he enjoyed making ointments by the cwt. . . . In 1919, he joined the Middlesex Pharmaceutical Committee and remained a member until 1948, having served as chairman for two years.

Married for over 62 years, he leaves a widow, a daughter, and a son who is a pharmacist.

Nicell: On July 30, Mr Michael Nicell, MPSI, 28 Lower Hatch Street, Dublin, Mr Nicell qualified in 1932 and carried on a pharmacy at Lower Baggot Street, Dublin.

Topical reflections by Xrayser

Woolly foxglove

According to Martindale, *Digitalis lanata* consists of the dried leaves of the woolly foxglove. That may, to some extent, account for the obscurity of two letters received last week on the subject of digoxin, and readers of the correspondence will be grateful to *C&D* for asking a spokesman of the company concerned to help unravel the tangled skein (p 177). I had thought that the matter was sufficiently important to warrant a letter addressed to pharmacists alone, and not merely a copy of a communication sent to doctors, but it may be that the urgency of the matter determined the course adopted.

The medical letter states that "revised quality control procedures" have enabled the firm to manufacture Lanoxin with a more predictable clinical response, but it has become apparent that these tablets, while still containing 0.25 mg digoxin, have approximately double the potency of earlier batches.

It seems, according to your report, that as from May of this year the dissolution rate has been improved slightly by a modification in manufacture, and that it was not realised at first how much the small change in that rate would affect availability within the patient. A statement to that effect in the letter to doctors would have made the matter clearer.

But the letter from the Committee on Safety of Medicines received a day or two after the undated one from Burroughs Wellcome & Co does little to help and seems to lack the clarity one might have expected from such a source. Its opening sentence states that our attention has been drawn to the increase in potency of the product which is now on the market as a result of change in method of manufacturing. Surely that is not why it is on the market?

Assurance

One would not wish to stand in the way of progress, if doubling the potency of a product may be regarded as such, but one might be pardoned for wondering whether the original product should not have been allowed to stand until such time as a new issue of the BP could have recognised any new developments. Meantime, the advice of the Committee on Safety of Medicines is not particularly helpful. It seems less than satisfactory to discuss with the patient the question of change of dosage and to accept the *patient's* assurance in the matter.

It even seems to me that it would not be possible to seek such "assurance" without, at the same time, entering into a discussion which might very soon run counter to that clause in the Statement upon Matters of Professional Conduct concerned with "impairing confidence in the prescriber."

As a matter of interest, I have sounded medical reaction to the position as a whole. Some I have discussed it with see no problems in prescribing the new product with the increased potency, and one, indeed, regarded it as "at last getting back to the principle of tailoring the dose to the patient instead of the patient to the dose." But the onus is squarely on the physician to make his intentions clear.

Aspirin (G)

I have left myself little space to comment on the excellent supplement concerning aspirin which appeared last week. All I can do is offer congratulations on a first-class series of professional articles—and hope that many more of a similar kind will appear in the future.

TRADE NEWS

mproved Influvac

nfluvac, from Duphar Laboratories Ltd., Duphar House, Graters Hill, Southampton SO3 3JD, is now being manufactured by a new process involving "high speed zonal centrifugation". With this method Duphar hope to overcome the current problems of adverse reactions to 'flu vaccination.

The process is employed to remove extraneous egg protein, left from the viral growth stage in chicken eggs, which in some earlier vaccines was responsible for unpleasant effects in patients.

June for Christmas

Jackel & Co. Ltd., Kitty Brewster Estate, Blyth, Northumberland, are introducing to their Jacquelle range of cosmetic purses and holdalls a nylon taffeta series called June, which incorporates a floral print and comes in shades of pink, lilac and orange. Price range from £0.25 to £1.95 and includes boxed and unboxed lines.

Change in Gravindex

Ortho Diagnostics, Saunderton, Bucks, have reformulated the re-agents for Gravindex pregnancy slide test.

Clinical and laboratory evaluation of the new formulation using selected problem urine indicates improved readability. No drug interference and no protein is also claimed.

The company says that provided the supernatant is clear after centrifugation specimens of urine contaminated with blood may be tested with confidence. Packs and prices remain unchanged.

New design for Cow & Gate

A striking new pack design has just been introduced by Cow & Gate for their baby milk food range. The company state that this pack has been produced with chemists in mind since it is their declared policy to sell through them. On the new pack the front panel is dominated by a photograph of a baby "which brought strings of superlatives from mothers who saw it." With the pack the company are introducing the generic name of Babymilk for the two main milk food products, with the numerals 1 and 2 to denote half cream and full cream. This designation is printed at the foot of the front panel. Tied in with the introduction of the new packs has been the complete redesigning of all trade, medical, consumer and company literature to project the same image. Distribution of Babymilk 2, the first of the new packs to appear has just begun and the others will be phased in by the autumn.

New Econopen Pack

Berk Pharmaceuticals Ltd., announce the introduction of a 1,000 pack of Econopen V phenoxymethylpenicillin tablets BP (£12·00). The 500 pack of Econopen V has been withdrawn. Econopen V is not subject to purchase tax.

Holiday closings

The following have been notified:—

☐ Earex Ltd, Southport, August 14 to August 30.

☐ Beecham Ethical Distributors, Brentford, Middlesex. August 25—29.

PRESCRIPTION SPECIALITIES

LASIX 20mg tablets

Manufacturer Hoechst Pharmaceuticals Ltd, Salisbury Road, Hounslow, Middlesex TW4 6JH

Description White uncoated tablets each containing frusemide 20mg

Indications Maintenance therapy of mild oedema of any origin.

Dosage One tablet daily is the usual maintenance dose (diuresis lasts for approximately four hours). May also be convenient for paediatric use at doses from 1-3mg/kg body weight

Precautions The dosage of concurrently administered cardiac glycosides or hypotensive agents may require adjustment

Side effects Nausea or gastric upset may occur. Allergic reactions such as skin rashes are rare

Packs Of 60 (£1·08 trade) and 600 (£9·86)

Supply restrictions P1 S4B

Issued September 1, 1972

GINGICAIN M

Manufacturer Hoechst Pharmaceuticals Ltd, Salisbury Road, Hounslow, Middlesex TW4 6JH

Description Metered-dose pack containing amethocaine 754mg, benzalkonium chloride 26mg, absolute alcohol 2·886g and suitable propellants to a total weight of 65g

Indications Topical anaesthetic for dental procedures

Contraindications Hypersensitivity to amethocaine, which may appear as a dermatitis

Dosage For normal dental procedures one or two metered doses (0·8mg) are sufficient

Pack 65g aerosol bottle (£0·82 + PT)

Supply restrictions P1

Issued August 1972 (replaces Gingicain)

Correction

The price of 10 vials of Armour Pharmaceutical Co's Calcitare injection is £39.50 and not as stated last week.

PROMOTIONS

Threat to deodorants TV advertising?

Television advertising for vaginal deodorants may be banned if the campaign launched recently by a pressure group, Women in Media, is successful, according to last week's issue of *Advertiser's Weekly*.

Initially the attack is against the advertisement for Femfresh, currently on Thames and Weekend television, but eventually the group hope that all advertising for such products will be vetoed.

Meantime, a subcommittee has been set up to collate scientific and medical data about the deodorants, taking into account the findings of the US Food and Drug Administration that the sprays can cause skin irritation and rashes. It is also planned to discover the exact ingredients of the different deodorants on the market.

Women in Media, which is affiliated to the Women's Liberation Workshop, oppose the sprays mainly on the grounds that they are "unnecessary, offensive to women and allegedly medically harmful in some cases".

The group are particularly concerned that the Femfresh advertisement is aimed at the lower end of the teenage market, which shows a girl telling her mother: "You should know by now, intimate deodorants are not for underarms".

A spokesman for Boots Ltd., which owns Crookes Anestan, the manufacturers of Femfresh told *C & D* that since the product's launch in 1964, there have been 27 complaints out of over 10½ million sales and that during the first six months of this year four complaints were received out of a turnover of 1·3 million units. Of these one was diagnosed by the patient's doctor as being "psychological".

Kleenex Boutique mixed colours

To back the relaunch of Kleenex Boutique tissues in a choice of three mixed-colour combinations — Blue/lilac, pink/rose, coffee/gold, advertising will appear in *Woman, Woman's Own, Honey, 19* and *Candida* from mid-September until November.

The boutique tissues, which are claimed to have stronger appeal to the younger sector of the market than facial tissues in general, will also be supported at point of sale with display material (Kimberley-Clark Ltd., Larkfield, near Maidstone, Kent).

Dream bedroom

A dream bedroom, or £1,000, three Slumberland double beds, three continental quilts and 100 prizes of £5 vouchers are the selection of prizes offered in Horlicks' "dream song" competition for consumers.

This is designed to gain maximum exposure for the product during its four month television advertising break and underline its claim to be a year-round product. Entries based on dream song

The new outer for Libresse sanitary towels designed for ease of handling at the various stages of distribution. The display outers, containing 10 packs, are shrinkwrapped in fours and can be slit along the perforated edge, leaving a unit to be displayed as a pick-up line

titles must be accompanied by either one inner-seal from the 1lb jar or two inner-seals from the ½lb size. Support will come from advertising in the major women's magazines, *TV Times* and *Radio Times*, point of sale material, 400,000 promotions leaflets and 4,000 dispensers for the retail trade (Beecham Products (UK) Ltd, Beecham House, Great West Road, Brentford, Middlesex).

ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Adorn: All except E
Anadin: All areas
All Fresh: Ln, M, WW, So, We, B, CI
Aquasil: So
Brylcreem: All except U, B
Calgon: So
Close-Up: All except E
Cool: Ln, WW, So
Eno: Ln, M, Lc, Sc, WW, So, U
Feel Free: All except E
Foot Guard: So
Harmony hairspray: All except E
Macleans fluoride toothpaste: NE
Nature Lipids: All except E
Optrex: All except U, E, CI
Poligrip: M, Lc, Y, Sc, So, NE, CI
Rennies: All except U, E
Right Guard: All except E
Ry-King crispbread: M
Saxin: Ln, M, WW, A
Setlers: Ln, M, Lc, Sc, WW, So, NE, A, U, G
Shield: All except E
Signal: All except E.
Sunsilk hairspray: All except E
Sure: All except E
US bath additive: All except U, E
Vosene: All except E
Zoflora: M, Lc, Y, NE, U
Zubes honey & lemon sweets: M, WW

Chemists do better in cosmetics market

Chemists, particularly Boots, share of turnover in most sectors of the cosmetics and hair preparations market has increased since 1970, some of it at the expense of direct selling organisations. This was the major finding of the IPC Cosmetics and Toiletries Survey 1971-72, published this week.

In addition to the usual product breakdown, the 4,000 women interviewed in four stages during the Summer and Autumn 1971 and Winter and Spring 1972 were asked a series of questions concerning their attitude to cosmetics. This revealed that 47 per cent "don't feel themselves" without make-up and 54 per cent consider that the more expensive a cosmetic is, the better quality it is likely to be.

There are however regional variations—while 70 per cent of women in London and the south east use make-up every day, only 58 per cent in the north west do so. But the most fashion conscious women are found in the north and north west—87 per cent, compared with 80 per cent in London and the south east.

Over half the trade in preparations for the face, deodorants, most hair products and those for hands pass through chemists' outlets and nearly 75 per cent of the vaginal deodorant sales.

Some brand shares showed considerable changes during this period—Radox continues as number one bath salt having captured 55 per cent of the market compared with 48 per cent in 1970. Fynnon Spa has declined from 8 per cent to 3 per cent and Boots Own from 9 per cent to 6 per cent.

The growth of the vaginal deodorant market is reflected by the 19 per cent usage figure as opposed to 9 per cent in 1969, and continues to be dominated by Femfresh with a 42 per cent share. This is however less than in 1969, while Bidex (15 per cent), Avon (8 per cent), Elle (7 per cent) and Boots Own (4 per cent) have all gained.

Only two underarm deodorants have recorded increases—the leader, Mum, with 18 per cent and Arrid, including the Extra Dry version, with 6 per cent.

The latest report includes the first full year's figures for "Soap for use on the face" and toothpaste or powder. It shows that one in five women between 16 and 24 does not use soap on the face, and that Lux is the most popular brand for this application, followed closely by Palmolive and Camay. Of the toothpastes, Colgate leads with 28 per cent, against Macleans' 21 per cent, Ultra Brite's 11 per cent, SR's 10 per cent and Signal's 9 per cent.

Ranges making significant overall gains include Boots No 7 and No 17 and Max Factor, while Avon experienced a shift both ways for different categories, resulting in a levelling out. Johnsons baby lotion has increased its share in the "cold or cleansing cream, lotions or milk" classification to take joint lead with Pond's and Nivea Creme with 14 per cent each.

The big two of the shampoo market, Sunsilk and Silvikrin, now appear in that order with 12 per cent and 11 per cent respectively, compared with 12 per cent and 13 per cent in 1970. Protein 21 is included for the first time at 4 per cent.

CHEMISTS' SHARE OF SALES (per cent)

	BOOTS/ TIMOTHY WHITES		OTHER CHEMISTS	
	1970	*1972*	*1970*	*1972*
Shampoos	19	21	25	26
Setting lotions, liquid or gel	24	26	29	28
Hairsprays	16	18	22	24
Hairdressing, conditioners & cream rinses	26	30	38	37
Bleaches & lighteners	21	22	51	50
Colourants	24	23	42	47
Nail varnishes	23	25	28	27
Hand creams & lotions	24	27	24	28
All in one make up	23	26	29	30
Loose face powder	28	25	29	27
Compressed face powder	25	24	35	38
Lipsticks	22	23	29	30
Highlighters, shaders, blushers	21	24	26	27
Eye shadows	23	25	27	28
Mascaras	22	26	29	30
Eye liners	23	23	31	34
False eyelashes	28	25	28	37
Paper tissues for make-up	20	18	18	15
Cleansing or cold creams	35	34	30	31
Moisturising lotions & creams	23	23	19	22
Skin foods	32	32	27	26
Bath cubes	11	9	14	11
Bath salts, crystals & tonic salts	22	17	22	21
Bath oils/essences	14	15	10	12
Bath foams & bubble baths	19	16	11	9
Fragrances	7	6	10	11
Talcum powders	18	16	18	19
Feminine vaginal deodorants	33	35	38	38
Deodorants & anti-perspirants	21	24	33	33
Depilatories	31	35	46	47

Sparklets introduce a great new range of home brewing and winemaking kits.

SPARKLETS BEER KITS

Bitter, Lager and Stout, with great flavour and real value at 99p.

1. *Three* beer types: Bitter, Lager and Stout.
2. *More malt per pint* than many other kits, Sparklets provide 3 lb malt extract per 4 gallon kit.
3. *Genuine brewer's yeast.*
4. *Two sachets* of liquid beer finings (for a single or double fine).
5. Really good *step-by-step instructions.* Just what the first-time brewer is looking for.
6. Cost per pint of only *3½p.*
7. Ingredient quality *guaranteed.*

SPARKLETS WINE KITS

Burgundy type, Claret type, Cream Sherry type, Hock type, Sauterne type: real quality at 99p.

1. More available *grape sugar* per 1 gallon kit than many others.
2. A sachet of *compatible wine yeast.*
3. Handy 3 lb packs to make 1 gallon, with yeast and finings. *Convenient customer purchase.*
4. A sachet of *liquid wine finings* (for quicker bottling and drinking and *faster repeat sales for you*).
5. Comprehensive *step-by-step instructions,* especially useful for the beginner.
6. Cost per bottle of only *17½p.*
7. Ingredient quality *guaranteed.*

BIGGEST-EVER LAUNCH ADVERTISING CAMPAIGN

From late September to mid-December we're supporting the launch of Sparklets Home Brew Kits with our biggest-ever new product launch.

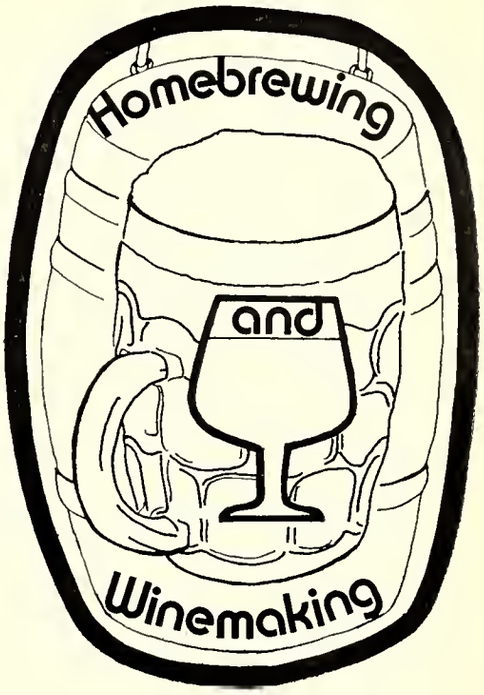
The campaign's national. It'll be appearing in the national dailies and Sundays, in colour, and black and white, in big, big spaces.

Stock up now and reap the rewards. There are big quantity discounts and a Special Bonus offer available until Friday, 1st September.

See your Sparklets rep or 'phone the Sparklets Sales Office on 01-807 5511.

SPARKLETS SALES OFFICE, THE BRITISH OXYGEN COMPANY LIMITED, ANGEL ROAD, LONDON, N.18.

Large sales increase forecast for home brewing



People are brewing their own beer and making their own wine in over 2 million homes—twice as many as two years ago. The phenomenal growth of the home brewing scene is one of today's big talking points in the retail pharmacy trade. Already the retail value of the market stands at £8 million and current estimates indicate that sales expansion will continue unabated for another two years.

By R. A. Murphy,
product manager, home brews, Sparklets Products, The British Oxygen Co Ltd

When duty on home-brewed beer was abolished in 1963, the accompanying publicity encouraged many entrepreneurs to start catering for this new market.

In those early days the demand was for basic ingredients such as barley, hops, etc, and came mainly from enthusiasts who undertook the whole process of malting, mashing, hopping, fermentation and bottling by themselves.

Today over 70 per cent of home brewers use beer kits for convenience. Emphasis has shifted from the hobby-orientated to the product-orientated brewer who wishes to make good strong beer quickly, reliably and with the minimum of fuss.

Single pack

These kits bring together all the necessary ingredients in a single purchase pack and the user adds only sugar and water.

"Dry" kits eliminate the time-consuming and messy stages of malting and mashing. They usually contain dried malt extract, a bag of hops which has to be boiled with the malt solution, yeast, and finings with which to clear the beer when fermentation has finished.

The "wet" kits represent the ultimate in convenience and it is this type that has shown the greatest growth recently and is attracting the largest number of new brewers.

Wet kits normally contain yeast, finings and liquid hopped malt extract to eliminate not only the malting and mashing but also the hopping stages.

The users activity is reduced to dissolving the extract with sugar in hot water, diluting this to between one and five gallons with cold water then adding the yeast; when fermentation ends a few days later the beer is fined.

Bottle or bulk

The brewer then has the option of either bottling the beer with a little sugar to create secondary fermentation and sparkle or keeping the beer in bulk "draught" form in a suitable barrel.

But what do home brewers, in particular the new kit users, expect from their beer?

Overwhelmingly they state economy as the most important feature. With a kit such as Sparklets, with under an hour's work, the brewer can make four gallons of beer and save around £4·50 over public house prices.

However the motivation goes deeper than that and research indicates people are turning to home brewing not only for economy but also for greater strength, more flavour, and fuller bodied beer.

One senses an undercurrent of individualism in revolt against the limited choice offered by mass production of commercial beer. The following remark from group discussions in a research programme undertaken by Sparklets is typical —"modern brewers' beer didn't appeal to me—it's too sweet. They have those new methods of bottling and this keg beer I don't like either. We have several pubs around here all stocking . . . . beers, there's no choice and they're too sweet . . . . ".

The advent of well-known names such as Grey Owl, Reckitt & Colman and now Sparklets are helping to alleviate doubts that existed about quality. Considerable sums are now being spent on research and the latest kits employ genuine brewers' yeasts which give rapid fermentation, quick clearing and a firm sediment.

Liquid finings which can be diluted and added directly to the beer are used to save the brewer time and carefully balanced malt extracts subjected to strict quality control provide consistent and almost foolproof results. Again group discussion quotes illustrate—"I invited a lot of beer drinkers to a party and was amazed how successful my beer was".

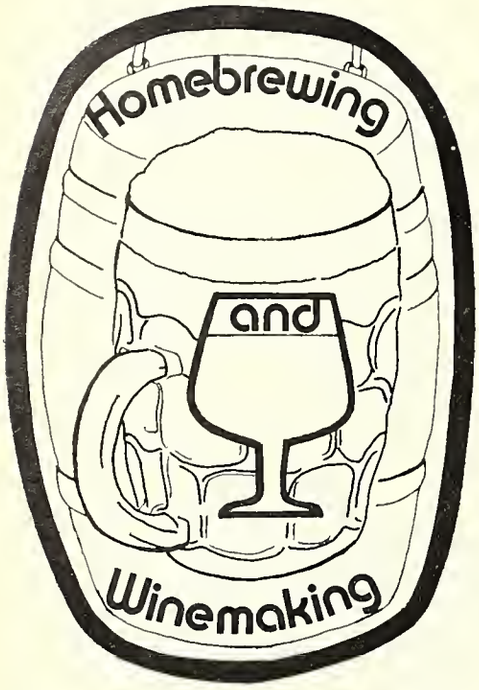
Another brewer remarked: "I'd put it this way. Of the people I have offered my own brew only one has refused a second pint".

The evolution of the winemaking market followed a slightly different route.

Making country wines from naturally

Continued on next page

Beer kits in the Sparklets range



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available ingredients has been practised for generations and the product has never been dutiable unless sold. Nevertheless it was the 1963 publicity surrounding home-brewed beer that gave this market its real fillip.

The new beer brewers started experimenting in the sister art but much more important was the renewed interest of existing winemakers.

Wine clubs flourished, a spate of publications appeared and these together with the later monthly specialist magazines did sterling work in improving detailed knowledge which gave more professional results. This created a demand for a wide range of accessories and ingredients from bottle labels to specialised yeast strains and thereafter the market's meteoric growth appeared to be governed by word-of-mouth recommendation and how fast manufacturers could introduce improved products.

Grape juices

The most important products to appear were concentrated grape juices which were not only used as an additive for existing recipes but started grape wine as a major home-made type in the UK. Much work was done by smaller companies to produce blends which gave results approximating to the major commercial types like Burgundy, Hock, Sauterne, Claret and sherries.

Home winemakers started to produce wines which compared favourably to the commercial product—but at a fraction of the cost. Quote: "I give them my sherry out of a proprietary Cream bottle and they say 'I like this'. They don't know the difference". Sales reflected this and between 1967 and 1971 output of cans of concentrated grape juices doubled every year.

The average winemaker is much more hobby-orientated than the average home brewer. "It is a cheap hobby and we both like alcoholic drinks—it's cheaper than photography for instance."

Though economy is a very important justification, the winemaker is absorbed by the process as well as refreshed by the results. This is just as well, even now it still takes several months to produce wine of acceptable maturity to drink and for first class results great attention to detail is required.

This makes for important marketing distinctions between beer and wine.

With beer, kits are the all-important revenue builder and the sales value of equipment and incidentals is somewhat smaller.

By comparison, winemakers tend to keep several "brews" going at the same time necessitating a larger stock of basic equipment such as demijohns, corks, airlocks, heaters. Moreover the enormous number of country winemakers creates a huge demand for additives, so retailing success here depends on providing not only the kits but also a comprehensive range of equipment and additives.

Future development

Perfection is never with us and further research will undoubtedly lead to faster fermentation, better clarity and improved taste. But, with beer, convenience is the key and Sparklets believe this gives the clue to two major trends which will become apparent in 1973.

Firstly, now brewers have more confidence in the end product they will start to spend more on equipment and get more professional in their method and presentation.

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There will be a move away from the biggest chore of washing, filling and carefully decanting from bottles to the storing of beer in bulk under carbon dioxide.

To cater for this Sparklets have already started developing equipment and the first item to be launched later this year will be a device which maintains, automatically, a constant CO_2 pressure over the beer. Fitting on most barrels it will retail at under £2, well within the pocket of most brewers.

Secondly, Sparklets predict a trend towards fermenting in bulk, to larger kit sizes and more sophisticated fermentation equipment.

It is in the wine kit market though that really startling growth rates can be anticipated. There are already 1½ million home winemakers and only a minority have started to use kits regularly, merchandising in this sector has been relatively unsophisticated and advertising levels insignificant.

Less easily available blending technology and the long range buying complications associated with grape juice concentrate have hindered the entry of large firms. This era is ending and it is regarded that the already considerable size of this market as still embryonic. There should be a rapid increase in both the introduction and turnover of complete wine kits.

Repeat purchases

Growth will come in particular from existing country winemakers and from the diversification of home brewers. Repeat purchase rates will increase as a result of a speeding up of the winemaking process. Finings are already included as standard in Sparklets and some other kits but they will become increasingly widely adopted, together with filtration, across the spectrum of wine types.

The chemists' role

Cash tills are certainly going to ring with home brew business but will they be the tills of chemists, of supermarkets or of specialist shops?

Recognising the potential several years ago, Boots made a major effort to establish home brew presence in their stores. This, together with a carefully selected comprehensive range and own-branding has captured around 50 per cent of the market. Nearly two-thirds of remaining sales go through the rest of the chemist outlets.

So the chemist trade has the lion's share at the moment. But will they hold on to it during the expansion ahead?

The beer and wine kits are now well packed, complete, and are therefore single pick-up items. This combined with increasingly fast shelf movement and sugar on sale nearby makes them suitable supermarket items.

Specialist shops, opening at the rate of 2 or 3 a week, offer every conceivable piece of equipment and type of ingredient.

So the retail pharmacy is in the cleft stick between price-cutting and more comprehensive stocks.

It is however precisely this position that could bring success. The specialist shops have an important and expanding part to play but by their nature this will be to provide a wide selection and bulk quantities for the enthusiast who requires mainly the basic ingredients. They are also low in numbers and do not offer anything like the same distribution or local shopping convenience as the retail chemist.

Supermarkets will undoubtedly take some of the kit sales but they lack the ability to provide the advice essential to most home brewers.

This is the chemist's scoring point! He is in wide distribution, has already established himself as *the* outlet for home brewing and can easily master the chemistry required to provide the necessary advice to established brewers and reassurance required by new entrants.

Stocking policy

A relatively flexible stocking policy enables him to provide all the day-to-day requirements on equipment and consumables, with the possible exception of the bulkier and less commonly required raw ingredients.

But it is unlikely that these advantages will be enough, they will need to be coupled with aggressive merchandising and a nose attuned to the rapidly changing market.

As a guesstimate, 1975 could bring £1 million of advertising support to a retail market worth £16 million. That is the equivalent of over £1,300 turnover for every retail pharmacy in the land.

HOME BREW BEER KITS

cans to make 4 gallons, cartons to make 20 or 80 pints

CARTERS OF SHIPLEY

PRODUCT AND PROMOTION ROUND UP

Mini-balance from Brew It Yourself

New from Brew It Yourself is the Mini-balance (£1.50). It weighs from 1/20 oz to 4.4oz or 1g to 125g and measures from ½ to 4½ fl oz or 10 to 125 cc.

The sliding beam is graduated in both ounces and grammes and slides through the pivot block a mark on which indicates the weight on the scales when the built-in spirit level shows the beam to be horizontal. Solids, powders or liquids are placed in the transparent bowl which is graduated as a fluid measure. The counterpoise weight is instantly adjustable (Brew-It Yourself Ltd, 135 Upper Street, London, N1).

New catalogue from Vina

A 16-page catalogue issued by Vina lists the companys wide range of home brewing ingredients and equipment, books and packing materials. Other products include liqueur flavours and squash concentrates, yeasts and nutrients, test kits, chemicals and aids to quality (Vina (Home Winemaking Supplies) Ltd, 63 St Johns Road, Waterloo, Liverpool L22 9QB).

Grape juices by Norfolk firm

Continental Wine Experts supply a range of concentrated grape juice and compounds covering all the popular types of wine and extends to 31 varieties. Types of wine that can be produced include Hock, Sherry, Liebfraumilch, Sauterne, Burgundy and Chianti.

The company also supply yeasts, finings, accessories and other necessary equipment to complete the marketing of their products (Continental Wine Experts Ltd, The Winery, Cawston, Norfolk NOR 75X).

New approach to winemaking

In July Southern Vinyards Ltd, introduced a new approach to winemaking from concentrates by offering a range of grape juices which give a choice of light, medium or full-bodied wines as well as a selection of dessert and aperitif wines and special wines including champagne. A bottle of wine can be made for £0·10.

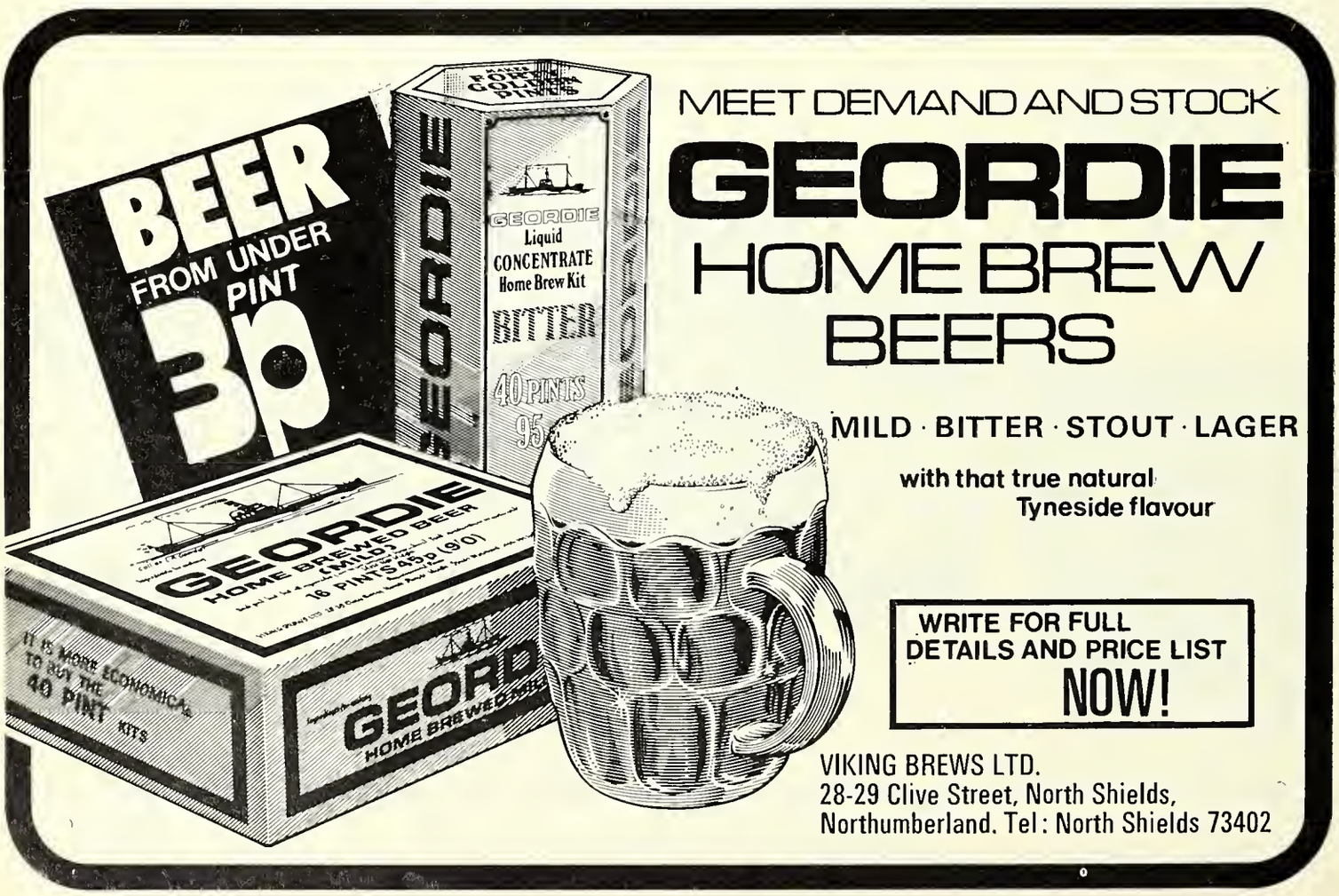
This month the company are launching the Vinbrite filter mark II. Not only is it possible to use the Clearbrite depth absorption filter pad with this model, but the whole range of 15cm filter papers can be used as well (Southern Vinyards Ltd, Nizells Avenue, Hove, Sussex BN3 1PS).

Munton to launch lager pack

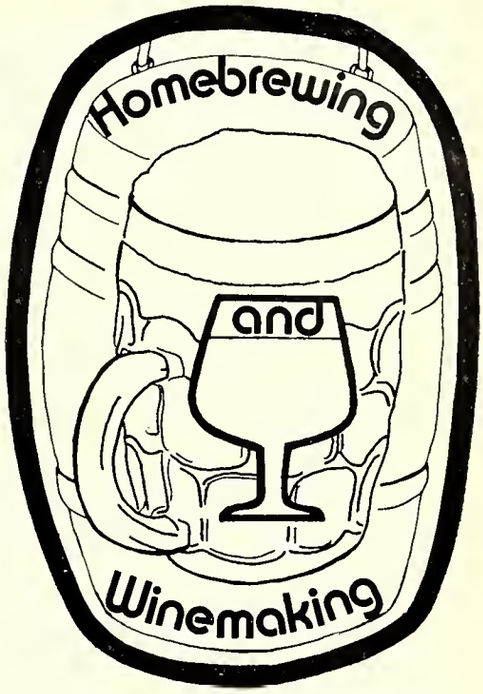
Munton & Fison who recently celebrated their 50th anniversary are old established maltsters and suppliers of malt extracts to commercial breweries on a world wide basis. During the past two years they have made their products available to the home brewer.

The company supply a bitter pack and a lager pack is to be introduced shortly.

Other products include a liquid malt extract, dried malt extract and grain malts (Munton & Fison Ltd, Cedars Factory, Stowmarket, Suffolk, IP14 2AG).



History repeats itself at North Shields



"The roughest toughest port in the North" was the reputation of the small bustling Tyneside town of North Shields in the 18/19th Century. Even the dreaded Press-Gang had their coats turned and were marched out of the town on one occasion.

The main street, 9-12 feet wide, squeezed between a steep 100 ft bank and the water's edge, lined with crumbling tenements, ship's chandlers and merchants, butchers, grocer's and fruiterer's stalls, on the one side and houses on the other, was the haunt of sailors, keelmen, pilots, scullermen and the local pitmen.

Swedes, Prussians, Spaniards and Dutchmen, mingled with the natives in a jostling crowd searching for supplies, repairs, work or just entertainment.

Thieving was a way of life, and the locals skirted round drunken brawls with no more concern than in stepping around puddles on the marshy ground.

In its hey-day the 800 yards of main street—Shields Street or Low Street as it was variously called—boasted over 30 taverns and public houses.

It was a brave woman then who in 1820 on the death of her husband moved from a quiet village up the coast and with £200 borrowed from a friend bought two old houses overlooking the Tyne and settled in Low Street, North Shields, to open one more pub—The Bay Horse.

Tough job

Sarah Oliver had left her native Leicestershire village to marry a man from 'up North' and now once more she faced the unknown as she moved to take on the toughest job in, for her, a strange tough world.

However, Sarah's sense of business was good. She had made her 'pub' alongside the ferry boat landing to catch the cross river trade and her own private quay gave easy access to keelmen and the crews of the French coasters, Dutch luggers, Geordie colliers, and timber ships which her welcoming sign lured from the river.

For twenty-three years Sarah ruled at the ferry boat landing. She rented and sublet adjoining tenements. She saw the coming of the steam ferry to a new landing up the street and bought a pub nearer to it—"The Hylton Castle" putting in her friend as manager and changing its name to "The Old Bay Horse".

It would be nice to say that she served her own brew to the boisterous crowds thronging her 'pubs' day and night, but she would quickly have found herself up against the local excise man if she had.

There were, in fact, a number of brewers established in North Shields by 1800 and the town was widely known for the excellence of its beer. None was tapped until twelve months old. Although usually drunk half old and half mild the heavy manual workers would drink it neat.

It is interesting to note that the "X" on a barrel denoted that the duty of 10s had been paid and the slick marketing men of the day marked their barrels with two or even three "X's" to give the impression that their brews were two or three times as strong as normal.

Sarah has gone. North Shields has lost its bad reputation. Low Street is now Clive Street and the thirty pubs have dwindled to four.

The Bay Horse is no longer a pub, that same building at 28, Clive Street, remains as the office of Viking Brews Ltd, and the home of the Geordie home brew beer kits.

History is indeed repeating itself because here, where the widowed Sarah launched herself into a new and precarious task of supplying refreshment to the sailors of North Shields, Mrs G. Palmer, on the death of her husband, met the challenge picked up the reins of the business founded by him five years earlier. With her friend, Mrs B. I. Brewin as sales manager she is now supplying refreshment to every part of Britain—and a large part of the world.

Indeed, orders are regularly received from the British forces in Kuwait (a dry state) who order in 160 gallon batches, to West Germany, the USA, to South America (Peru and Brazil) Malta, Bermuda, Gibraltar, Holland, Sweden and Canada.

The idea of making a home brew was Mr Palmer's, who first marketed the kits in two and five gallon sizes. In 1970 Mrs Palmer and Mrs Brewin introduced four kits, and in June 1971 their liquid kits.

Brewing is nearly 10,000 years old

The art of brewing originated nearly 10,000 years ago in Babylon. A Sumerian drawing said to date from 7,000 BC shows the goddess Nie Harra being offered a barley drink.

According to report by Semplex (Home Brews) Ltd, the Sumerians passed on their knowledge to the Egyptians who were first to produce an unclouded beer.

The God Cairis is credited with introducing beer to the Egyptian town of Pelusium in 2,017 BC. Acceptance of the brewed drink spread through Greece to Rome, where it became a popular drink with the Roman Legions.

It then spread throughout Europe and by medieval times brewing had become an important pastime. The 13th-century Belgian, Jan Primus—Duke of Brabant is credited with introducing the practice of toasting the health of companions.

Later brewing was taken up by the monastries, and in some it is continued to this day. The popularity of beer is still growing with about 12,000 million gallons throughout the world.

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DO YOU KNOW HOW?

The whole point about home brewing is its simplicity. Most kits contain similar ingredients and follow a set pattern in preparation.

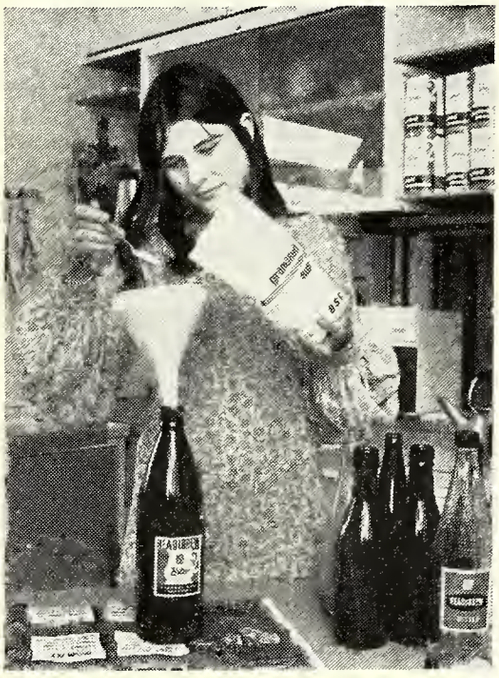
For any retail pharmacist who has not tried his or her own brewing or is thinking of stocking kits, accessories, etc, it is essential that they instil in the customer the confidence that home brewing is easy.

To give newcomers an idea of do-it-yourself brewing *C&D* has asked Dermar Homebrew Supplies for this guide to making their Readibrew kit.

There are numerous products and equipment available for the retail pharmacist to stock his home brewing section. The following pages give a guide to some that are available.

Pour the malt extract (containing the correct amount of hops either boiled to make the extract or added as extract for the type of beer to be brewed) into a non-metallic fermentation vessel which has been sterilised. Add sugar. The amount of sugar will vary according to the recipe or personal requirement, for alcoholic strength

The mixture is now a "gooey mess". Continue by adding a kettleful of boiling water and stir until all is well mixed. Top up to the required amount by adding cold water and allow the temperature to reach around 21-26°C (70-80°F). A hydrometer reading can be taken to give the original gravity. Add dried brewers' yeast. "Start" the yeast by dissolving a couple of ounces of sugar in a cup of water about two hours before beginning to brew. Some brands of hopped extracts require the addition at this stage of yeast nutrients to enable speedier fermentation. Cover loosely. Skim the froth after 24 hours. Try to maintain a liquid temperature of abount 24°C (75°F)



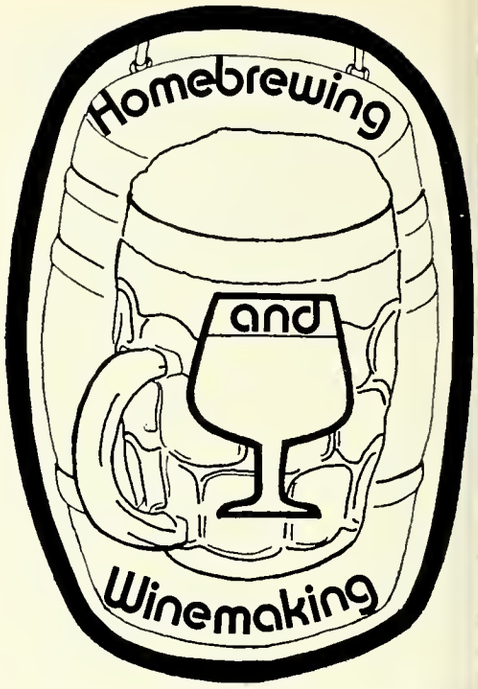
After about four days (dependent on the temperature) the beer will stop fermenting and begin to "clear"—this is a critical part of home brewing. A hydrometer can be used to check for a reading of 1005 or watch for the odd bubble rising about every 30 seconds or so within the thin ring of bubbles on the surface. Prime bottles at the rate of ½ teaspoonful of sugar per pint bottle after sterilising the bottles.

Syphon the beer into the bottles. Fill to within one inch of the top and seal securely. Keep in room temperature for 24 hours then store in a cool place. The brew will clear after a week or so leaving a sediment at the bottom of the bottle—to avoid disturbing this and getting cloudy beer, decant into a jug before serving. Try to leave the brew for at least two weeks before drinking —it improves with keeping

BOOKS TO SELL

A new paperback series in an easy-to-follow format covering all aspects of making wine and beer at home. Written under the general editorship of Mr. B. C. A. Turner, president of the National Association of Amateur Winemakers, these books are for both the keen learner and the more experienced home wine and beer maker. Most of the books are priced at £0·35. There are at least 12 in the series. Trade terms for the books are 35 per cent. The publishers are Mills & Boon Ltd, Allman & Son Ltd, 17 Foley Street, London W1A 1DR

PRODUCT AND PROMOTION ROUND-UP

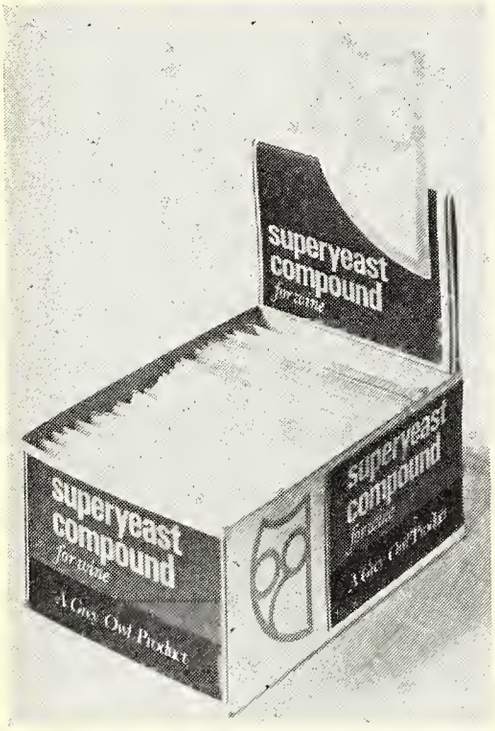


More products in Grey Owl range

Ingredients and equipment are offered by Grey Owl. Introductions in the new August price list include Superyeast compound for "fast, sure wine fermentation", CO_2 injectors for the Grey Owl 5-gallon plastic barrel, and a new fermentation bin of the same high density polythene as their 2½-gallon bin.

Point-of-sale material and leaflets are available. The company will supply a film, "Winemaking in the Modern Home" on loan to retailers to show the simplicity of wine-making and to encourage new converts to the hobby.

The company's laboratories offer technical advice to winemakers or to retailers (Grey Owl Laboratories Ltd, Morley Road, Staple Hill, Bristol BS16 4QF).



Reckitt & Colman's home brew

Reckitt & Colman introduced their Tom Caxton home brew kit in 1970 and since the kits have becomc brand leaders in the home brew field. In an attempt to improve their market share even further the company have planned a £125,000 television campaign for the autumn covering their whole range of products.

The total advertising budget for 1972 stands at £200,000 and newspaper advertising includes the *Daily Mirror, Daily Express, The Sun* and the *Sunday Times Colour Supplement.*

Tom Caxton was introduced in two test market areas—Tyne-Tees and Harlech. In Tyne-Tees the major supporting advertising medium was Press and in Harlech, television. The results of the test market indicated potential national sales of 80,000 dozen based on Tyne-Tees and 48,000 dozen based on Harlech.

Extensive consumer research was carried out in both regions and it was

established that 50 per cent of purchasers in the pre-Christmas period had repurchased Tom Caxton after Christmas. Of this 50 per cent, 86 per cent had bought more than once and 24 per cent had bought more than seven packs each.

Based on information gathered from this research, it was decided to launch Tom Caxton nationally, with a £100,000 Press advertising campaign in the three months before Christmas 1971.

Tom Caxton was tested by Peter Dominic off-licence chain last summer in the North-east and Harlech but detailed results have not yet been made available.

Westminster Wines is another off-licence chain which is selling Tom Caxton in selected branches. Otherwise 50 per cent of home brew sales are through the Boots organisation, with the remaining 50 per cent spread between other chemists (25 per cent), health food stores, home brew specialists, grocers, etc.

In October 1971 when Tom Caxton was first launched, bitter was the only brew available. In April 1972 a lager kit was introduced and was joined by the pale ale and brown ale last month.

"We have extended the range as a result of extensive market research. The home brewer likes Tom Caxton and variety and we have now established a range to satisfy most tastes," explains Mr Nick Clarke, Reckitt & Colman's senior product manager on Tom Caxton.

Each kit makes up in exactly the same way and the packs resemble traditional beer and lager mugs. The white "foam" plastics top contains the brewer's yeast, finings, a brewing bag and instructions for making 24 pints. The top fits over the can of malt and hop extract. The colour of each pack matches the brew's colour.

The bitter, pale ale and brown sugar ale retail at 80p which, including the cost of extra sugar, works out at around 4p per pint. The lager works out at just over 4p a pint, the kit retailing at 90p (Reckitt & Colman food division, Carrow, Norwich N0R 75A).

Viking offer eleven beer kits

Eleven home brew beer kits are available from Viking Brews Ltd. They include mild, lager, bitter and stout. Kits either one type or mixed are packed in dozens.

A 5 per cent bonus promotion will operate in October, November and December. However the company always give initial discounts of 5 per cent and also quantity discounts for lots of 5 dozen (5 per cent), 10 dozen (7½ per cent) and 20 dozen (10 per cent). The company state that 90 per cent of their products are sold through chemist shops (Viking Brews Ltd, 28 Clive Street, North Shields, Northumberland).

New tool from Vinaide

The latest product among a vast range of equipment available from Vinaide is a CO_2 injector. This tool enables the brewer to put a layer of carbon dioxide over the surface of the beer, etc, thus creating sufficient pressure to force the liquid from the container when the top is opened and obviate the need for "venting" which would then replace the beer drawn-off

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PRODUCT AND PROMOTION ROUND-UP

Continued from p 236

with air. The presence of bacteria-laden air will shorten the life of the beer to a matter of days.

Provision is also made in the securing bolt at the base of the tool for the insertion of a length of $\frac{3}{16}$in bore non-toxic tubing. This will allow the injection of gas directly into the liquid.

A small pressure gauge which should be calibrated in the range of 0-30lb per square inch can also be fittted. The gauge should be inserted into the side of the tool after first removing the knurled plug.

Another new item that Vinaide are introducing in conjunction with Burco Ltd is a culinary and brewing boiler. This is based on the Baby Burco water boiler but is fully thermostatic. An optional extra is a fully perforated insert or liner (Vinaide Brewing & Food Products, 26 Swan Street, Manchester M4 5JQ).

Beers and wines from Monk's

Unican is the trade name of the home brew beer and wine kits of Monk's Home Brews. Backed by national advertising, it is restricted to retail chemists and specialist shops. The company offer special introductory discounts on display cases for both beer and wine.

Beer kits include lager, light ale, bitter ale, brown ale, stout and barley wine. At least 16 wines are also available (Monk's Home Brews Ltd, Morley Road, Staple Hill, Bristol BS16 4QF).

Sparklets enter the market

Sparklets has entered the home brewing beer and wine markets. Last month the company launched a range of three beer packs and five wine kits.

The "Sparklets Original Home Brew" kits come in bitter, lager and stout types. The wines come in Burgundy, Sauterne, Hock, Cream Sherry and Claret. All are priced at £0·99.

The beer kits make four gallons of beer. They contain 3 lb of malt extract, brewers yeast and two sachets of liquid finings giving a choice of one stage or two stage fining.

The one gallon wine kits each contain a 3lb can of concentrated grape juice, with compatible yeast and liquid finings.

The finings substantially cut down the clearing period for wine, making it ready to bottle and drink sooner, facilitating faster repeat purchase.

Step by step instructions ensure that a complete beginner should have no trouble in following them.

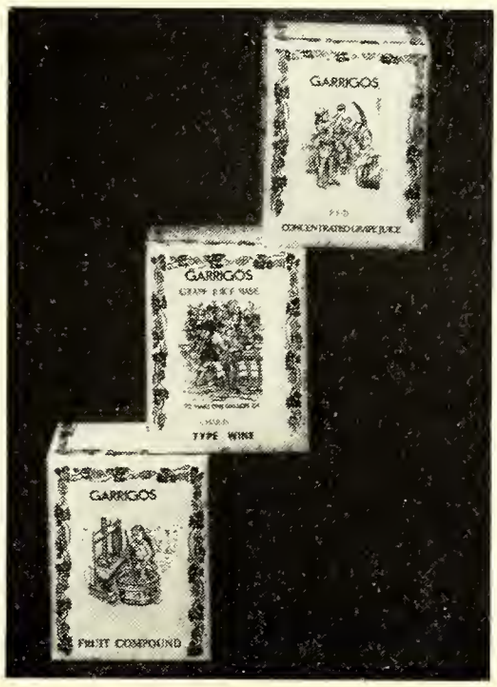
An extensive advertising campaign for the product starts next month and continues through to December in national magazines and newspapers.

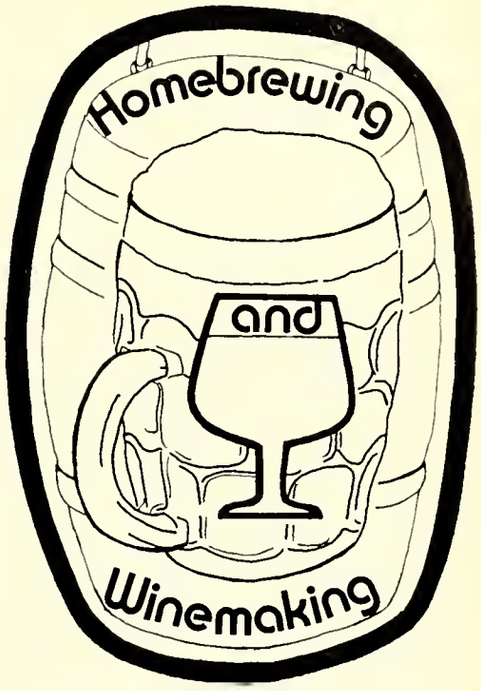
Both beer and wine kits are packed in outers of six each type. Trade price per outer is £4·46 with substantial quantity discounts. An introductory bonus of up to 7½ per cent extra discount lasts until the end of August (Sparklets sales office, The British Oxygen Co Ltd, Angel Road, London, N18.)

Nine new wines by Garrigos

In addition to their well-established and highly successful red, white, rose concentrates and fruit compounds, Garrigos announce the introduction of nine new wine types in concentrate form—Beaujolais, Burgundy, Chablis, Claret, Graves, Hock, Sauternes, Liebfraumilch and white Bordeaux.

Coinciding with the launch of the new wine types, the packaging for these and the original concentrates has been redesigned in two colours incorporating reproductions of engravings depicting various stages of wine productions (R. E. Bouscarle & Sons Ltd, 15 Cliffords Inn, Fetter Lane, London EC4A 1AT).





Merrydown offer varied range

Following two years of research and test marketing, the Merrydown Wine Co has introduced new formulas and packs for its Martlet apple juice and mead concentrates (£0·98 each).

Ideal for home-makers of apple wine, old English cider and mead, the new gaily decorated packs are marketed under the joint Merrydown Martlet label.

When Merrydown first introduced its Martlet apple juice and mead concentrates last year, results were entirely satisfactory

when instructions were closely followed. However, in some instances, the yeast failed to activate because wine-makers did not start the brew off at the recommended temperature.

With the new formulas, there should be no such difficulty as the yeast—previously incorporated with the concentrate—is now packed in a separate phial.

Instructions showing how to ferment

Continued on p 241

The pack for those who think customer satisfaction and higher profits should go together. In addition to producing a first-class beer the presentation of these packs make them ideal birthday or Christmas presents.

Available in five types. For further details write or telephone
Hambleton Brewery Co., Ltd.,
Ornhams Hall,
Boroughbridge, Yorks,
Telephone Boroughbridge 2041.

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IMPORTERS AND MANUFACTURERS

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with S.G. & Alcohol scales

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(Glassware Manufacturer)
40 Hendon Valley Road, Sunderland
Telephone - - SUNDERLAND 78076

PRODUCT AND PROMOTION ROUND UP

Continued from p 239

the concentrates adding Merrydown's MG 49 yeast, are included in each pack.

The strength of the apple wine and mead when fermented, will be approximately 21° proof spirit. If a sweeter wine is preferred, sugar can be added.

To make old English cider, the same instructions apply as for apple wine, with the exception that sugar is omitted from the recipe. The alcoholic strength of the cider will be approximately 8° proof spirit (Merrydown Wine Co, Horam Manor, Heathfield, Sussex).

Edme market a lager wort

Edme are now marketing a lager wort in 2lb tins to make two gallons. This is ready hopped and needs the addition of sugar and yeast only. Simple instructions are printed on the label. The lager is ready in 2-3 weeks (Edme Ltd, Mistley, Manningtree, Essex).

Varied range from Carters

Carter Bros manufacturers of Glen products offer a home brew kit for both beer and stout providing crystal malt grain, hops, malt extract, glucose, yeast and nutrients, beer finings, sterilising compound, liquorice and black malt for stouts. The kits are available in 20 pint sizes as well as an 80 pint size.

The packs include vouchers. When 12 have been collected the "brewer" can send away for a free hydrometer (Carter Bros, Glen Laboratories, Shipley, Yorks BD17 7AQ).

New safety cork by Leigh-Williams

The Sandeland safety cork (£0.15 for 10) from Leigh-Williams is also a one way valve which is designed to stop bottles from "exploding" after corking. Fermentation gases are automatically released and there is no need to arrest fermentation chemically (Leigh-Williams & Sons, Tattenhall, Nr Chester).

LETTERS

Digoxin 'debacle'

I am somewhat confused by the appalling manner with which the digoxin debacle has been handled. We have received a six-line letter from Burroughs Wellcome & Co referring us to a letter on the reverse—apparently addressed to medical practitioners and giving specific advice to dispensing doctors! There is, incidentally, no reference to a pharmacist anywhere in the communication.

This letter states that by revised quality control procedures it has been established that the bioavailability of digoxin is related to the methods of formulation and manufacture. It then indicates that all stock not bearing stated batch numbers should be "exchanged" for material from new batches.

Two days after the receipt of this letter we have received another communication from the Commitee on Safety of Medicines, telling us not to dispense the apparently now accurately evaluated BW Lanoxin, for any open prescriptions for digoxin. The Committee, seemingly without any published experimental or statistical evidence, appears to assume that patients are stabilised satisfactorily on brands other than Lanoxin and recommends that these other brands should be use. One would have thought that as three months have elapsed since BW have produced the new standards, the Committee could have evaluated other suppliers, rather than introduce such arbitrary *ad hoc* arrangements. Their decision appears to be at variance with the accepted principles of scientific practice.

It is surely more logical to use a product, which according to BW has a more predictable clinical response, albeit of double the effective potency of earlier batches. The maintenance of more accurate dosage patterns could therefore be fulfilled by using half a tablet of Lanoxin, which is already embossed with a suitable break-line.

We have chosen in the past only to supply Lanoxin against open digoxin prescriptions, due to the high reputation of BW & Co. We are, therefore, most concerned to find that they advise us to "exchange" batches of tablets, even though they must have been aware that due to the Committee on Safety of Medicines' communication, consumption would be drastically reduced, leaving a great number of pharmacists grossly overstocked.

In conclusion one can only state that several dubious ethical decisions seem to have been confusingly pressed upon us, which must give cause for considerable concern.

D. H. Maddock
Cardiff

Digoxin Nativelle was tested in comparison with Lanoxin by the MRC Clinical Pharmacology Unit and the results published in *The Lancet* July 8. There was no difference in the bioavailability of digoxin found in these preparations but we understand that the Lanoxin used was not the new formula.

Patients stabilised on Digoxin Nativelle or any other digoxin preparation of proven bioavailability except "new Lanoxin" may be given Digoxin Nativelle without any change of dosage.

We are providing this statement in view of the number of queries received from retail pharmacists.

P. T. Hairsnape
General Manager
Wilcox Laboratories Ltd
London SW9

Mr C. A. Johnson of the British Pharmacopoeia Commission, says (*C&D*, August 5, p 177) that certain manufacturers are capable of producing digoxin tablets where the drug content, from tablet to tablet, varies between 60 and 120 per cent of the stated content.

In view of this statement, we would like to assure pharmacists that, in addition to complying with the requirements of the current BP, our digoxin tablets are required to comply with the test for uniformity of content, which is to be introduced into the next BP, before release for sale.

J. M. Haig
Quality control manager
Approved Prescription Services Ltd
Cleckheaton, Yorks

Payment in kind

It is said that the number of coupon offers has increased by about 82 per cent. May I suggest that firms who so kindly print this money for us should have their acounts paid with these coupons with the suggestion that any balance owing will be paid when sufficient have been received to clear the account.

I. H. Williams
Bramley, Surrey

Discrimination ?

Would somebody please inform me why Scottish pharmacists are receiving an average of £1,000 back pay, whereas English pharmacists are receiving nothing. Is this just simply racial discrimination, or has our negotiating committee fallen asleep on the job!

E. E. Spencer
Nottingham

Need for regional drug information centres

Hospital regions should set up drug information centres to answer queries arising both from within the service and from general practice pharmacists and doctors. That proposal was put before last week's Council meeting of the Pharmaceutical Society by the Science Committee, which had been considering the following motion passed at a symposium on drug interactions held by the Sherwood region: "That it is the opinion of this meeting that drug interaction is a problem which vitally concerns pharmacists in their professional work and the appropriate department of the Society should, after discussion with interested bodies, formulate plans for action".

The Committee agreed it was important that information should be available to pharmacists on drug interactions, and felt that the proposed centres should deal also with other questions related to drugs. It was considered that for the service to have its proper value the pharmacist in charge should be able to discuss and advise doctors on the significance of information provided by any information retrieval system.

The hospital practice subcommittee had endorsed those views, adding that each hospital (or NHS regional) centre should be responsible for the co-ordination of all information on drugs including that relating to interactions.

It was recommended that the Education Committee be asked to consider the training required by a pharmacist who would be in charge of such a drug information centre.

'De-registered' doctors

The Law Committee considered the implications for pharmacists of the removal of a doctor's name from the medical register for non-payment of fees to the General Medical Council. It was recommended that inquiries should be made to ascertain whether the removal of a doctor's name from the register due to non payment of such fees automatically terminated his contract with an Executive Council. In the Society's view the onus was upon Executive Councils to circulate to the Society's members a list of the names of any doctors who ceased to be under contract.

The Practice Committee considered the possibility of devising an "official" scheme for the provision of daily supplies of certain medicines to specific patients, particularly those whom the doctor considered should not be permitted to hold any larger quantity for safety reasons. It was noted that a scheme of that kind had operated in Scotland for some years.

The committee recommended that an approach should be made to the Central NHS (Chemist Contractors) Committee asking it to consider making representations to the Department of Health that there should be an extension of the existing drug-addict scheme to cover any such cases.

Nationalisation call by SMA

The Socialist Medical Association had asked for the Society's comments on a number of resolutions which had been passed at the Association's annual conference. The resolutions included one recommending "the taking into public ownership of all general practitioner pharmacy by combining all the pharmacies in an area into a health centre (or polyclinic) and placing them under local community administration and responsibility."

Another motion recognised the need for basic training and education in management for all personnel, professional, technical, ancilliary, in all sections of the NHS and recommended "that this basic training be compulsorily included in the syllabuses of all students entering the NHS and, further, that adequate provision should be made to ensure the availability of this training in management in the existing personnel in the service."

A third motion stated: "As it is two years since the Noel Hall working party report was received, annual conference demands that the Secretary of State expedites the implementation of the proposals without further delay to prevent a serious lowering of pharmaceutical services in the hospitals by wholesale resignations of staff."

It was recommended by the Practice Committee that the current policy of the Council on all three resolutions should be made known to the Association but that the Association should be informed the Society did not wish to comment on the question of public ownership of all general practice pharmacies.

The Committee decided that the implications of the value added tax proposals as applied to counter prescribed medicines should be considered with a view to a report being given at the next meeting of the general practice subcommittee.

The decision of the Welsh Hospital Board not to appoint a regional pharmacist was discussed by the hospital practice subcommittee. It was considered that the Society should continue to press for the appointment of a pharmacist to the permanent staff of the Welsh Office. Council recommended that letters should be sent to the Minister of State, Welsh Office, and to the secretary of the Welsh Hospital Board.

A draft trust deed concerning the future administration of the accumulated fund of the former British Pharmaceutical Conference executive was considered. It was recommended that the trust deed, by which the accumulated fund of the Conference executive would be administered in future, should be approved, signed and sealed and that the trust should be registered as a scientific and educational charity. The fund would be held in trust by the Society to be used on the recommendation of the Conference Science Committee, for scientific activities of the Conference.

After considering a letter from a branch member on the subject of membership of postgraduate medical centres, the Organisation Committee gave its view that the Council should maintain its policy of advising members not to accept a category of membership of such centres lower than full membership.

It was reported that a pharmacist who wished to advertise a complete influenza vaccine service to local factories had approached the Society for advice. The service would include the services of a doctor who was not a general practitioner but specialised in such work. The Ethical Committee agreed that, since manufacturers approach factories direct with vaccination services, the pharmacist should be informed that an approach could be made in a professional way to the factory but that it should be left to the factory to obtain the doctor.

The Committee considered a case in which the opening of a pharmacy had been supported by a one-and-a-half-page advertising feature in the local newspapers. The superintendent pharmacist had admitted that the feature did perhaps go beyond paragraph 6 of the Statement upon Matters of Professional Conduct. The Committee recommended that a suitable letter should be sent to the superintendent.

Council re-appointed the following as Society's representatives on the Poisons Board: J. C. Bloomfield, D. F. Lewis, J. M. T. Ross, A. G. Shaw and J. Wright.

Dr Arnold Wilund honoured

The president, Mr. J. P. Kerr, presented to Dr Arnold Olaf Wilund, his certificate of honorary membership of the Society.

Dr Wilund was well known through his work in international pharmacy. He was a member of several national and international committees within the area of pharmaceutical sciences and management and had recently become known by many pharmacists as a vice-president of FIP. Perhaps the greatest honour that had been bestowed upon him was the award in 1966 of an honorary doctorate by the Royal Pharmaceutical Institute of Sweden, said Mr Kerr.

Responding, Dr Wilund thanked the president and the Council. wishing the Society and its members further success and hoping for the Society's continuing active interest in international pharmacy which, he said, needed "British blood, brain and courage."

Minister refuses meeting on NI rationalisation

The question of a planned pharmaceutical service in Northern Ireland is being kept fully in mind by Mr Paul Channon, Minister of State, according to a letter he sent to the Pharmaceutical Society of Northern Ireland recently. But in reply to the Society's request that he meet a deputation, to discuss the difficulties of obtaining any form of rationalisation of the pharmaceutical service in Northern Ireland, he said that a meeting at present could not serve any useful purpose.

Commenting on the situation at a meeting of the Society's Council on July 20, Mr J. Kerr said that it appeared that until some advance was made with the problem in Great Britain little was likely to be done in Northern Ireland. The reasons for delay outlined in Mr Channon's letter were more or less word for word those given by the Department of Health and Social Services.

The President said they were sorry to learn that Mr J. Paul's pharmacy had been badly damaged by a terrorist bomb on the previous day. No warning was given but the bomb was discovered in a pram in the post office next door to Mr Paul's shop. Fortunately no one had been injured. The secretary was instructed to convey the Council's sympathy to Mr Paul and the hope that he would soon be back in business again.

Professor D'Arcy outlined the action being taken in regard to Mr Boyle's proposal that a higher diploma be offered to members of the Society. The preliminary negotiations would take some time but he was anxious that a worthwhile qualification would result.

Council candidate's policies

Mr Kerr in a notice of motion proposed that the Council agree all candidates at Council elections can have their policy statements circulated to members of the Society at the same time as the voting papers, provided the statements did not each exceed one foolscap sheet and are in the hands of the secretary at least seven days before the last date for posting the ballot papers to members. He said the cost and work involved in sending out a policy statement deterred many would-be candidates for the Council. His proposal was an attempt to overcome the difficulty. Mr Boyle said he supported the proposal.

If a candidate wished to act on his own he was at liberty to do so. Mr McIlhagger said he would prefer that all candidates should have to adhere to a system whereby brief policy statements had to be submitted and were then published together so that they were all placed on the same footing. Mr Kerr's proposal was adopted.

A memorandum on pharmacy administration for the year ended December 31, 1971, was received from the Ministry of Home Affairs. Compared with the 1970 figures the number of names on the register of pharmaceutical chemists had fallen from 1,145 to 1,102, of superintendents from 170 to 156, of druggists from 11 to 9 and of apprentices from 39 to 25. Eleven students qualified, and registered as pharmaceutical chemists during the year. The number of licences issued fell from 656 to 623.

The secretary reported that he had received a copy of the Poisons List Order (Northern Ireland) 1972 (SR & O, NI, 1972, No 142) and of the Poisons Regulations (Northern Ireland) 1972 (SR & O, NI, 1972, No 144) both of which came into operation on July 15.

Mr Kerr referred to a decision taken at the Commonwealth Pharmaceutical Association Conference in Melbourne to introduce a personal membership for pharmacists of member countries. A circular had been prepared outlining the Association's aims and objects and the service available to personal members. He suggested that a copy of the circular together with a form of application for personal membership should be sent to each member of the Society when the retention fee reminders were being posted. The suggestion was adopted.

The report from the Education Committee, which was adopted, included a recommendation that the applications of five graduates for registration as students be granted making a total of sixteen for the year. The Finance Committee's report, also adopted a recommendation that two students be given financial assistance to attend the meeting of the British Pharmaceutical Conference at Keele.

Professor D'Arcy submitted proposals for seminars and lectures for next year. Those included: a first-term symposium on "Additives to intravenous infusion fluids"; a series of eight lectures in the new year on "Recent advances in the pharmacology of new drugs"; his inaugural lecture at Queen's University on March 7, 1973, "Drugs and society" and revision lectures in pharmaceutical legislation.

Presenting the report from the House Committee, Mrs Watson said that at a meeting attended by the architect a colour scheme for the redecoration of the Council room had been agreed. The work would commence as soon as possible.

J. Harper Foundation

The application of Mrs Irene Swinton (née Webb), Bushvale Manse, Stranocum, Co Antrim, for registration as a pharmaceutical chemist in Northern Ireland under the reciprocal agreement entered into by the Great Britain and Northern Ireland Societies was granted. The J. Harper Foundation for 1972-1973 was awarded to Miss Kathleen M. Thompson, BSc, MPS, whose application was supported by her advisor of studies.

It was agreed to send a letter of sympathy to the relatives of Father Noel Fitzpatrick, former member of the Society, who lost his life in a shooting incident in Belfast on July 9.

WESTMINSTER REPORT

Monopolies reference on condoms

The supply of contraceptive sheaths is being referred to the Monopolies Commission, Mr Michael Noble, Minister for Trade, told the Commons on Tuesday.

It will be a formal reference under Section 2(i) of the Monopolies and Restrictive Practices (Inquiry and Control) Act 1948.

Slimming advertisements

It would be a good thing to have a proper code of practice for slimming advertisements and for newspapers to accept it, Mr Noble said in the Commons.

He was replying to Mr Greville Janner who had asked the Secretary for Trade and Industry, whether he would take steps to suppress misleading advertisements.

When Mr Noble referred to the application of the Trade Descriptions Act Mr Janner sought the number of prosecutions brought, having regard to the "clear evidence" produced by the Consumers Association. Mr Noble replied: "As far as I know, none." He added that the Advertising Standards Authority was aware of the problem and hoped shortly to be ready with a new publication about it.

Mr R. Tuck asked in view of comments in the High Court (*C&D*, August 5, p 177) he would, as a matter of urgency, seek powers to make the practice of pyramid selling illegal.

Mr Noble replied that a study of pyramid selling was in hand and he hoped shortly to reach decisions on any further measures that may be necessary.

Phosphates enema BPC

Towards the end of 1971 reports were received that supplies of enema made to the formula in the BPC Supplement 1971 were not available commercially in the UK, therefore a new formula was issued in April 1972. Supplies made to the original BPC formula are now available commercially again, as one of the branded products has been changed to comply with the monograph in the BPC Supplement 1971. The Council of the Pharmaceutical Society has authorised a further amendment to the British Pharmaceutical Codex to take effect from August 14.

The original formula in the BPC Supplement 1971 is designated *Formula A* and is: Sodium acid phosphate 160g, sodium phosphate 60g, purified water freshly boiled and cooled to 1000ml. Dose 100ml.

The formula in the amendment notice dated April 1972 is designated *Formula B* and is: Sodium acid phosphate 100g, sodium phosphate 80g, purified water freshly boiled and cooled to 1000ml. Dose 128ml. A suitable preservative may be included in each case. Both formulae should be supplied in a suitable disposable plastic pack fitted with a rectal nozzle. The prescription or order should state whether formula A or formula B is to be supplied.

MARKET NEWS

Essential oils firmer on spot

London, August 9: Most essential oils are steadily climbing in price on the spot. Various factors have contributed to this not least the shortage of available supplies and the uncertainty of replacements brought about by the dock strike and certain producing countries, especially China, not offering. Dearer were bay, lemongrass, mandarin and Brazilian peppermint. Camphor white is nominal on the spot.

Trading in crude drugs was extremely quiet. Spot cherry bark and hydrastis were nominal but shipment was being offered again after an absence of several weeks.

After last week's spate of pharmaceutical chemical price rises there were no changes advised.

Pharmaceutical chemicals

Glucose: (Per metric ton in 10-ton lots), monohydrate powder £84; anhydrous £165; liquid 43° Baumé £70 (5-drum lots).
Glycerin: BP per metric ton—5-ton lots £234; 1-ton £237; 250-kg £243.
Hydrocortisone: Acetate or alcohol £0·25 g.
Hydrogen peroxide: 35 per cent, £130 per 1,000-kg.
Kaolin: BP is £66 per 1,000-kg in sacks.
Magnesium carbonate: Heavy £192, light £184 per metric ton.
Magnesium hydroxide: BPC £560 metric ton.
Magnesium oxide: BP (per metric ton); light £560; heavy £890.
Magnesium sulphate: BP from £42 metric ton exsiccated £75-£80 ton, ex works.
Magnesium trisilicate: £470 metric ton.
Mercurochrome: £7·95 per kg.
Opiates: (per kg) subject to DDA Regulations.

	1 kg and over £	Under 1 kg £
Codeine		
alkaloid	183·00	191·00
hydrochloride	156·00	164·00
phosphate	140·00	146·00
sulphate	156·00	164·00
Diamorphine		
alkaloid	212·00	223·00
hydrochloride	194·00	203·00
Ethylmorphine		
hydrochloride	179·00	186·00
Morphine		
acetate	164·00	171·00
alkaloid	202·00	211·00
hydrochloride	165·00	172·00
sulphate	165·00	172·00
tartrate	198·00	207·00

Papaverine: Hydrochloride 25-kg lots £17 kg.
Parachloro-meta-xylenol: 50-kg lots BPC £0·94 kg.
Sodium benzoate: One-metric ton lots £28·33 kg.
Sodium bicarbonate: BP £26·40 per long ton for 8-ton lots in 1-cwt bags delivered.
ton delivered in 8-ton lots; anhydrous £102 metric
Sodium carbonate: 89-100% from £23·47 long ton delivered.
Sodium chloride: Vacuum dried £8·15 per long ton in plastic sacks for 6-ton lots, ex works.
Sodium citrate: £313 per meric ton.
Sodium percarbonate: (Per metric ton) £164·75.
Sodium potassium tartrate: £295 per metric ton.
Sodium salicylate: 1,000-kg lots £0·50 kg.
Sodium sulphate: BP from £35 to £40 per metric ton as to crystal. BP exsiccated £60 ton.
Sodium thiosulphate: £44 per metric ton.
Succinylsulphathiazole: 50-kg lots £2·40 kg.
Sulphacetamide: Sodium BP £2·98 kg.
Sulphadiazine: 50-kg lots £2·79 kg.
Sulphadimidine: 250-kg lots £2·95 kg; sodium £3·05.
Sulphaguanidine: BPC in 250-kg lots £2·13 kg.
Sulphamerazine: In 50-kg lots £3·12½ per kg.
Sulphamethizole: BP 50-kg £3·65 per kg.
Sulphanilamide: 50-kg lots £1·40 kg.
Sulphaquinoxaline: Sodium, B Vet C in 50-kg lots, £4·38 kg.
Sulphathiazole: 50-kg £1·83 kg.
Thymol: In 1-ton lots £2 per kg.

Crude drugs

Cardamoms: (Per lb cif) Alleppy greens No 1, £0.90; prime seeds £1.
Cherry bark: Spot £380 metric ton; £370, cif.
Colocynth pulp: Spot £725 metric ton.
Ginger: (ton) Cochin £240, cif. Jamaican No. 3 £1,050 spot; £840, cif. Nigerian split £210 spot, £185, cif; peeled £310 spot; £285, cif. Sierra Leone, no offers.
Hydrastis: Spot nominal; £2·10 lb, cif.
Menthol: (kg) Chinese spot not quoted; shipment £6·34, cif. Brazilian spot £3·85, afloat £3·75, £3·70, cif, August-September.
Pepper: (ton) Sarawak black £380 spot; £340. cif; white £492·50, cif.
Rhubarb: From £0·30 to £1·50 lb.
Saffron: Mancha superior £82-kg.
Sarsaparilla: Spot £0·63 lb.
Seeds: (ton) **Anise:** China star £175, spot, shipment £125, cif. **Caraway:** Dutch ex wharf £390. **Celery:** Indian £300; shipment £260, cif. **Coriander:** Moroccan £80, cif. **Cumin:** Indian £300, cif. Chinese £235, cif. **Dill:** Indian, for shipment £120, cif. **Fennel:** Chinese £130 (metric ton), cif; Indian nominal. **Fenugreek:** Moroccan £69 long ton, cif. **Mustard** £60-£120 spot.
Senega: Canadian £1·75 lb spot and cif.
Senna: (lb) Tinnevelly No. 3 faq leaves £0·06½: pods, hand-picked £0·11; manufacturing £0·08½; Alexandria h/p £0·52 ex wharf; manufacturing £0·26 nominal.

Essential oils

Bay: £8 kg spot.
Camphor white: Spot £0·45 nominal; £0·35 kg, cif.
Lemongrass: £2·10 kg spot; £1·80, cif.
Mandarin: £5·50 kg spot.
Peppermint: (per kg) Arvensis Chinese, spot unobtainable; Oct-Nov £2·60, cif. Brazilian £1·65 spot: £1·55, cif. American piperata from £1·60.

Here is a special announcement.

The Millipore report on 'Low Volume Sterilizing Filtration' is now available.
Contents include: sterilizing filtration, sizing the filter holder, filtration systems and general operating procedures.
Its findings are of great importance to anyone working in this field.
If that includes you, send for your FREE copy now—you get the *whole* book!
It's the only way to keep up to date.
Send to this address quoting reference AR-11.

Dept., CD8
Millipore (UK) Limited,
Abbey Rd., London NW10 7SP
Tel: 01-965 9611 10 lines

Methanol
Also to AR specification.
James Burrough Limited
Fine Alcohols Division 60 Montford Place London SE11
Tel: 01-735 8131

ORALCER
SLOW RELEASE PELLETS FOR MOUTH ULCERS
ANTIBIOTICS & VITAMINS LTD., 01-903 5541
PARKAR HOUSE, BERESFORD AVENUE, WEMBLEY, MIDDX.

VAT: reduce stock holding says NPU

Buy only enough stock for immediate needs, the National Pharmaceutical Union is advising members in its latest *Supplement*.

The Union does not expect any change in the government's decision not to refund purchase tax paid on stock-in-hand when VAT is introduced in April 1973—and anticipates that the proposed "tax-free period" will be short, operating for a maximum of six weeks.

Many big stores and chains have said they will reduce prices as soon as the tax "holiday" starts, and other retailers will be under pressure to follow suit.

Thus the public will delay buying until the tax holiday and demand will fall away long before it.

The NPU's advice, therefore, is to ask suppliers to accept more frequent orders for smaller quantities, not to re-order "once-in-a-blue-moon" items until later, and to be extra careful in ordering Christmas merchandise to avoid having unsaleable "gift" stock left over.

"Explain the position to customers and they may well be sympathetic."

Support is given to manufacturers who are offering schemes to protect retailers from the double taxation—and it is suggested that representatives should be asked what their companies' plans are.

Meanwhile, pressure on MP's and Customs and Excise is continuing in the hope of an "eleventh hour" climb down by the government.

Two minor sale-or-return concessions have been made recently, but neither is likely to help smaller chemists. One allows outers of goods to remain purchase tax free until broken—then the whole contents must be "adopted" by the retailer. The other permits differentiation of stock by a code or mark instead of a serial number — but the code must be changed and stock taken every month.

VAT booklets

Copies of two booklets giving comprehensive guidance on value added tax (VAT) are included in a basic information package which is being sent to some 1½ million traders by Customs & Excise.

The two booklets, "General Guide" and "Scope and Coverage", are intended to help traders prepare for VAT which will operate from April 1, 1973 when purchase tax and selective employment tax will be abolished.

The former (Notice No 700) explains how the new tax will operate and provides a list of addresses of Customs & Excise VAT offices throughout the United Kingdom. Scope and Coverage (Notice No 701) explains which supplies of goods and services are chargeable with VAT and which are not.

The package also contains forms VAT 1 (Notification of Taxable Business), VAT 2 (Details of All Partners), VAT 41 (VAT Trade Classification), and VAT 50 (Application for Group Registration). There is also a reply-paid card to enable traders to obtain extra copies as well as more specialised literature.

Regulations for PT termination

Regulations published as Statutory Instrument 1972 No. 1146 provide that from October 1 until purchase tax is removed (April 1, 1973) persons having in their possession chargeable goods on which the tax does not become due until they purchase them (as under sale or return arrangements) must keep records of all such goods and furnish periodical statements to their suppliers of those goods remaining in their possession and of those purchased by them.

The Regulations also provide for the revocation of the Purchase Tax Regulations 1965 by stages, consequent upon the termination of the tax. Provisions revoked include those which regulate purchase tax registration, declarations by importers, and representations as to the purpose of a purchase or importation (with effect from April 1, 1973) and the furnishing of returns of tax (with effect from May 1, 1973).

Mr H. C. Taylor second from left, and his wife (F. Wainwright & Son, Eastleigh, Hants) southern area first prize winner in the 1972 window display competition of Shulton (Great Britain) Ltd, at the presentation of prizes. Also pictured are Mr J. Quill, second from right, (regional manager, Shulton) and Mr H. Jackson (area manager, Shulton). Mr and Mrs Taylor won a 14 day holiday in Mexico

'Pay Lanoxin costs'

Pharmacists should be able to recover the additional costs they have incurred as a result of the recent problems with Lanoxin, the Central NHS (Chemist Contractors) Committee maintains.

The Committee has lodged a claim with the Department of Health for the recovery of the cost of telephone calls to doctors about the change of tablets during August and succeeding months. It considers that in order to carry out the Scowen Committee's advice, pharmacists will be required to make a considerable number of calls and to spend much time, not only in making calls but also in reassuring patients.

Mr J. Wright, secretary to the Committee, has written to both the Committee on Safety of Medicines and to Burroughs Wellcome & Co., to express concern that the Central NHS Committee was not consulted over the Lanoxin letters sent to pharmacists.

He says that as the representative body — to which pharmacists in retail practice naturally turn for advice on such problems—the Committee is in a special position to appreciate the implications for contractors and "the problems that have already arisen and will arise as a result."

Differing plasma digoxin levels

A wide range of plasma levels of digoxin were noted in seven patients, taking brands of digoxin other than Lanoxin, in a study reported in last week's *Lancet*.

In another 76 patients on stabilised doses of different brands (including Lanoxin) bioavailability appeared to be similar for the lower dose ranges (0·125-0·5mg daily), though in the higher dose ranges (0·625-0·75mg daily) Lanoxin tablets appeared to give slightly higher plasma-digoxin levels.

The study conducted by Dr J. Hamer and colleagues at St Bartholomew's Hospital, London, was carried out before the recent change in potency of Lanoxin tablets.

Dr Hamer says the findings indicate that the brand of digoxin tablet used can have a pronounced effect on the biological availability of the drug in some patients.

In the smaller trial of seven patients lower plasma levels were due to decreased absorption of the drug.

"When the tablet material was crushed and given as a capsule much higher plasma-levels were obtained. It is concluded that delayed tablet disintegration sometimes causes low biological availability of digoxin."

Plasma levels were measured in duplicate by a radioimmunoassay technique.

☐ A Boots spokesman told *C&D* that the company has now introduced further tests for its digoxin tablets. Boots Ltd have adopted the immunoassay method recently introduced by Burroughs Wellcome & Co, but no changes have been made in manufacturing methods.

Medicines licences: 'transitional' period to end

September 1 has been confirmed as the date from which statutory licensing of all medical products under Part II of the Medicines Act 1968, will be compulsory.

The Medicines (Termination of Transitional Exemptions) (No 1) Order (SI 1972 No 1198, HM Stationery Office), brings to an end on August 31 the period during which products marketed, and activities carried on before September 1, 1971, could be continued without a licence.

The law

From September 1 this year it will not be lawful to put on the market or to sell by wholesale medicinal products in the UK otherwise than in accordance with appropriate licences and subject to the conditions in those licences. A retailer, however, does not need a licence for the sale of prepacked medicinal products.

The products with provisional licences will, in due course, be liable to review by reference to the criteria of safety, efficacy and quality, and the licences may then be varied or revoked.

Over 1,000 firms have applied for licences in respect of more than 50,000 individual products. Despite efforts by the Health and Agriculture Departments and trade associations, however, it is believed that a number of firms engaged in relevant business have not yet applied. They should do so at once, the Departments stress.

Inspections

The Department of Health says that its team of inspectors will be unable to complete the initial round of inspections by September 1. Manufacturers whose premises have not been inspected by that date will be specially authorised to continue in business until a licence has been granted, under the Medicines (Exemption from Licences) (Manufacture and Assembly temporary provisions) Order 1972 (SL No 1199), HM Stationery Office, price £0·05).

The authorisation can only be given where an application for a manufacturer's licence has been made and the required fees have been paid but the application has not been determined by the licensing authority.

In two cases the date for operation of licensing has not yet been fixed.

The first case relates to the manufacture or supply of substances which are treated as medicinal products only when they are supplied as ingredients for use in the preparation of substances which are for administration for medicinal purposes in a pharmacy or hospital or by a practitioner (or in the course of business in retail supply of herbal remedies). The second concerns wholesale dealings in products for human use which may legally be sold by retail otherwise than at pharmacies.

Inquiries should be addressed to the Department of Health Medicines Division, Finsbury Square House, 33 Finsbury Square, London, EC2A 1PP or the Ministry of Agriculture, Fisheries and Food, Government buildings, Garrison Lane, Chessington, Surrey.

Dressings to go metric

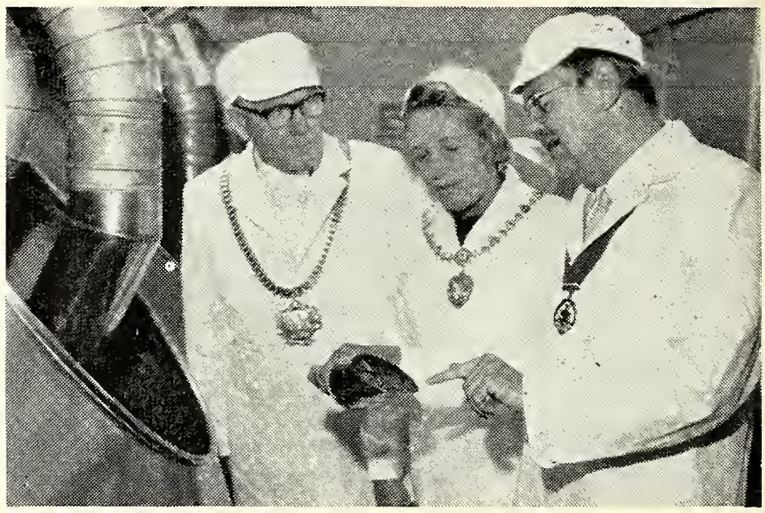
Surgical dressings and appliances will be changed over to metric measurements by manufacturers between October 1 and December 31 announces the latest quarterly list of revised prices to the Drug Tariff. Pack sizes and labelling will also be altered as previously agreed.

The basis of the changeover adopted for most appliances is as follows: 1in is replaced by 2.5cm, 1yd by 1m, 4oz by 100g and 1lb by 500g.

From October to December EC10 orders may be met by supply of either the Imperial or Metric pack.

Specification of all dressings and appliances included in the January, 1973, Drug Tariff will relate only to metric packs. The changes will be set out in detail in the October quarterly amendment.

[The revised Drug Tariff now also lists payment for rota service at the rate of £0.50 per hour for week day service and £2 per hour for on early closing days, Sunday and public holidays].



The Lord mayor of Liverpool (Alderman Robert Meadows) and the Lady mayoress, recently visited Evans Medical Ltd, Speke, Liverpool, and toured production and allied areas. Mr A. W. Newberry, manager of the company's tablets department is seen explaining work on tablet coating. Mr Newberry was recently appointed chairman of the Liverpool Branch of the Pharmaceutical Society

Fined for sale to non-pharmacy

Richardson-Merrell Ltd were fined £20 with £20 costs at Marlborough Street Court, London, last week after admitting the sale of their product Vick 44 to David Sands Ltd, who were not authorised sellers of poisons.

Mr D. Miller counsel for the company, who had one previous conviction recorded against them in 1970 for a similar offence, said they regretted the affair very much.

"There is no danger to health involved. One could swill a whole bottle of this mixture and apart from getting rid of your cold, it would no nothing else."

Mr Miller added that the company had not noticed that David Sands Ltd, was not a registered chemist but it was an understandable error because the company received over 1,500 orders a month.

The case was brought by the Pharmaceutical Society.

Dentists warned on anaesthetic

There is no justification for the incorporation of 1:25,000 noradrenaline in dental local anaesthetic solutions and such preparations should not be used according to A. J. Boakes and colleagues writing in Tuesday's *British Dental Journal*.

The investigation was particularly concerned with Xylestesin and Hostacain-with-noradrenaline (now discontinued) which were found to produce a marked rise in blood pressure and reflex bradycardia. The Committee on Safety of Medicines has received 15 adverse reaction reports in the past eight years.

Attention is now being paid to other anaesthetics containing lower concentrations of noradrenaline.

NPU raises subscriptions

The Executive committee of the National Pharmaceutical Union has decided to increase to £15 the annual subscription paid per pharmacy in England and Wales, with effect from January 1, 1973.

Corresponding increases will be applied in Scotland and Ulster at the appropriate dates.

The subscription has been £10 for over seven years—despite an 84 per cent increase in expenses between 1965 and 1971.

Boots careers for 250

Boots Ltd expect to be able to offer "promising careers" to some 250 pharmacy graduates in 1973—the same number of posts as are being offered this year.

The company holds an annual three-day conference to tell undergraduates about to start their final year, about the career opportunities open to them. This year's conference—at Nottingham University, September 5-8—is reported to be fully booked, confirming the need for industry to inform the undergraduate about what careers are available.

'Apply Medicines Act standards to hospitals'

Although the Medicines Act does not bind the Crown, equivalent standards should be applied to hospital manufacturers as are applied to commercial operators under the Act, says the Medicines Commission.

The statement is made in the Commission's interim report on heat sterilised fluids for parenteral administration (see page 262).

A Committee of the Commission, under the chairmanship of Lord Rosenheim, was set up to review measures that should be taken in the course of production, distribution, storage and use of medicinal products to prevent them becoming vehicles of infection. As a first priority it has considered measures relating to sterile products.

Selected units

In discussing hospital manufacture of infusion fluids, the committee considers that production facilities which were found to vary greatly from hospital to hospital should eventually be limited to selected large units.

It is also recommended that regional pharmacists should be given responsibility for the management of the facilities, and should have authority to close down hospital manufacture.

The committee regards reorganisation of the facilities within hospitals "as a matter of considerable urgency".

Technicians: more course interest

A growing interest in the correspondence course for pharmacy technicians is reported this week by the Pharmacy Assistants Training Board.

The course, which is normally of two years duration, leads to the Dispensing Technician's Certificate of the City and Guilds of London Institute. A fee of £30 covers the full two years of the course which is purchased by the employer and is available in all areas where no local college course is provided.

Full details and application form are available from: The Secretary, PATB, 321 Chase Road, London N14 6JN.

£4,000 fine for uncustomed goods

Kenneth Higson, 31, of Callender Street, Ramsbottom, Lancs, pleaded guilty on August 9 to four summonses of dealing in pharmaceutical products on which Customs duty had not been paid. He was ordered to pay the £4,000 at the rate of £5 a week.

Malcolm Brown, of Molyneux Road, Westhoughton, near Bolton, pleaded guilty to one similar offence with Higson and was fined £1,000.

For the Customs and Excise it was said the offences had come to light after checks with wholesalers which showed that such things as Anadin tablets and Beecham's powders were being sold to them cheaply.

Both men admitted that they had been buying the products in Southern Ireland and bringing them back into Britain. Higson had sold them to wholesalers in London, Manchester and Blackburn. The products were valued at more than £5,000.

For the defence it was said that the two men had intended to undercut the market in Britain.

When they arrived at the Customs post at Newry, on the Irish border, they found it closed at 5pm and they drove through unchallenged. "It was so easy they were tempted to do it again."

More stringent Olympic tests

Athletes tempted to use illegal drugs or stimulants at this month's Olympic Games in Munich, will find the risk of detection is now greater.

Gas chromatography will be used for monitoring by the Drug Control Commission of the International Olympic Committee.

A medal winner found guilty of taking any of some 30 performance-improving substances will be disqualified; while if any member of a participating team is found to have taken drugs, the whole team will be disqualified. In addition, more than 2,500 randomly selected competitors will be screened for evidence of drugs in their urine.

The mass screening task will be performed by a £40,000 Hewlett-Packard automated gas chromatography system. Eight HP gas chromatographs, each capable of analysing 36 samples of urine automatically, will be connected to a computer. Results will be produced in 20 minutes, and any samples shown to contain suspicious substances will then be further analysed by a mass spectrometer for final confirmation.

The new system is expected to operate more quickly than the one employed at the Winter Games in Sapporo, Japan. Only three steps—sample extraction, gas chromatograph separation, substance identification and quantifying—will be required, compared with a lengthy fifteen-stage process used at Sapporo.

By giving publicity to the monitoring system Olympic officials hope to discourage competitors from using drugs. In the past athletes have died or suffered permanent physical and mental damage as a result of drug overdoses or extreme overexertion permitted by the use of pain or fatigue inhibiting drugs.

'No policy on family planning'

The Government are adopting a leisurely and disinterested attitude to the question of population growth according to the Commons select committee on population policy.

The committee's second report declares: "We are astonished that Sir Keith Joseph (Secretary of State for Social Services) should apparently have no plans or policy for relating family planning services to population size or trends."

The report repeats the recommendation that steps should be taken to provide comprehensive family planning and birth control services as a normal part of the National Health Service. It suggests the setting up of a special office to advise the Government on population policy.

(*Fifth Report from the Select Committee on Science and Technology, 1971-72—Population Policy. HM Stationery Office. £0.52½*).

Local briefings for sales staff

Chambers of trade and similar bodies can now arrange briefings on selling and display techniques for retailers on a local basis. These half-day sessions are offered by the Design Council which has planned, with the approval of the Distributive Industry Training Board, programmes for junior sales assistants and managerial staff.

Courses are based on the belief that a shopkeeper does best when his goods are presented attractively and efficiently and his selling staff are not only knowledgeable but pleasant also.

Sales assistants will be told in the morning session about the stages of making a sale and practical display techniques, including merchandise handling and care, ticketing and the use of colour and lighting.

In the afternoon proprietors, managers and senior staff can hear talks on the same subjects in more detail.

They will be advised on ways of motivating their staff and of carrying out a profitable display programme. Display designs and equipment, the production and use of promotion material will also be discussed.

The first two such sessions will be held at the Harlow Technical College on September 12. Further details from Mrs J. MacKrell, professional training services, Design Centre, 28 Haymarket, London SW1Y 4SU.

US bans growth stimulant

The US Food and Drug Administration has ordered an end to the use of diethylstilboestrol (DES) as a growth stimulant in animal feeds.

New scientific data is reported to cast serious doubt on the FDA's ability to set rules for its use in animal feed that will insure against residues remaining in animal livers at time of slaughter.

Use of DES as implants will continue to be allowed, pending results of tests scheduled to be completed in the next few weeks. Up to now, no residue has been detected when implants were used as the sole source of DES. Implants have been shown to be approximately as effective as DES in feed, even though used at a dosage level at least 30 times lower than that used in feed.

COMPANY NEWS

Lepetit plans major expansion

Lepetit Pharmaceuticals Ltd which started their activities in the UK early in 1969 now plan to enter the germicide and diagnostic markets. In addition the company is to put an increased emphasis on local research and development in Great Britain.

Separate divisions have been formed to handle the company's pharmaceutical products, medical-surgical products and diagnostic services.

Newly-announced executive appointments include those of Mr Michael V. Trayler, MA (head of advertising); Mr William D. Morris, BSc (head of commercial services); Mr James Lennox, BSc (medical-surgical products); Mr David B. Antoine (diagnostic services); and Miss Mary I. Thomas, BPharm, who joins the company's technical information services.

Also appointed are Mr D. R. Sutton, southern area supervisor, and hospital representatives, Messrs Paul V. W. Chadwick (North Riding), J. Leacy (Manchester), E. M. Richards Urquhart (Scotland), and N. Wright (south coast).

S&N's higher profit

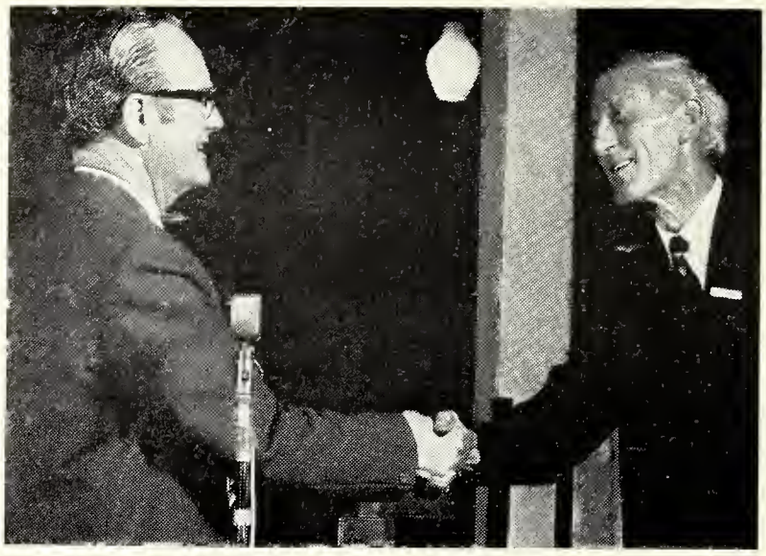
Sales of Smith & Nephew Associated Companies Ltd for the 24 weeks ended June 17 were £30·48m against £27·85m in the corresponding period of 1971. Group profit, before tax, was £3·8m (against £3·5m) and after tax £2·35m (£2·1m).

The profit from associated companies reflects an improvement in British Tissues Ltd, compared with last year.

Interim dividend, deferred until January 1973, is 7¾ per cent (7 per cent).

Gala sales and profits up

Gala Cosmetic Group Ltd pushed up their sales to £5·91m in the half year ended June 17 (from £4·56m in the corresponding period of 1971).



Seen here with Mr A. Baxter (left) a deputy chairman of ICI pharmaceuticals division, Mr Jack Perkin, Avlex representative for the South and South-east of England recently received an award for 40 years service with ICI, the last 18 being with pharmaceuticals division

Pre-tax profit went up by 40 per cent to £540,000 and net profit after tax by 37 per cent to £338,000. Interim dividend is raised from 4 per cent to 5 per cent but payment is being delayed until January 1973 so that the company will be liable to a minimum corporation tax following changes in regulations governing taxation of companies.

Mr Stanley Picker has been appointed chairman. Mr Stephen Steen remains director.

Wholesaler's record year

Sales of Bertram Griffiths Ltd, Cardiff, at £3·27m were a record for the year ended March 31 being 10 per cent up on the previous year.

Net profit after all charges including tax amounted to £111,059.

It is expected that a depot opened this year in Swansea will make a significant contribution to trading profits in due course.

New Scottish wholesaler

M & S Toiletries, a new Scottish merchandising company, has been launched to provide a service for Scottish retailers of toiletries, cosmetics, properties and accessories from 12 Commercial Street, Leith.

Behind the development are Messrs D. McBeath who was UK sales manager for the wholesale division of Reckitt & Colman toiletries division at Derby; A. R. Speirs, Scottish area sales manager and J. A. Gardiner, West of Scotland representative of Reckitt & Colman.

Hestair chairman on Johnsons-HPL

The half year financial statement of Hestair Ltd mentions that their recently acquired subsidiary Johnsons-HPL was responding to reorganisation with a turnover of £7m from the remaining net investment of £500,000. "We paid £2·5m for the Johnsons-HPL group," says Mr D. L. Hargreaves (chairman). "We have sold properties and non-profit-making companies for £1·8m and have reduced debtors and stock by over £0·2m."

Hestair's pre-tax profit at the half-way stage was £302,200 (£3,600).

In brief

Ashe Chemicals Ltd made a pre-tax profit of £538,753 in 1971 (£508,368 in 1970). Total dividend is 18¾ per cent (same). The dividend was in accordance with the offer made on behalf of International Telephone and Telegraph Corporation and declared unconditional in April.

Makro (Cash and Carry) Ltd, subsidiary of the Dutch wholesaler, Steenkolen Handelsvereeniging NV, have opened a warehouse in Hornhouse Lane, Kirkby, Liverpool.

Warner Lambert Co had sales of $365·03m in the second quarter of the year, an increase of 13 per cent compared with the same period last year. Net earnings were $28·79m (up 13 per cent).

LRC International Ltd are repeating their dividend with a final of 24 per cent making 40 per cent for the year ended March 31.

Jeyes Group Ltd: Pre-tax profit for half year ended June 17 was £466,000 (£441,000 in equivalent period of 1971. Interim dividend 1·875p (1·75p).

Dunbee - Combex - Marx Ltd: Toiletries and fancy goods accounted for £452,289 of the group's 1971 profits against £293,914 in 1970.

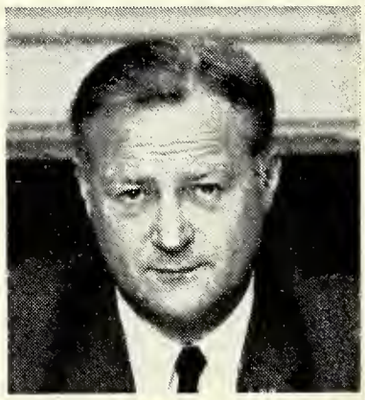
Personna International (a division of Philip Morris & Co Ltd) have changed the name of the company to Personna International UK Ltd.

American Cyanamid Co: Second quarter earnings were $30·93m against $24·45m a year ago. Worldwide second quarter sales were $365·01m (against $339·87m).

Appointments

Servier Laboratories Ltd have appointed Mr David Thomson to the board as financial director.

Wellcome Foundation Ltd: Mr A. J. Shepperd has been appointed a director of the Foundation with effect from September 1. He relinquishes his appointment as a director of Laporte Industries (Holdings)



Ltd with which company he clocked up over 100,000 air miles during the past year on behalf of Laporte.

Mr Shepperd has a BSc degree in economics from the University of London.

South-east Metropolitan Regional Hospital Board has appointed Mr J. C. Barfield, regional pharmacist. He takes up his post on November 1.

Mr Barfield, is chief pharmacist in the Guy's Hospital Group, London, being previously chief pharmacist in the Hendon Group. He qualified from Chelsea in 1944 and has been in the hospital service since 1950.

Mr R. Weston (second from right) recently presented a gold watch to each of three Hodders employees. The recipients, from left, were Messrs R. Simpson, C. R. Eynon and S. G. Riches (see story below)

PEOPLE

Long service at Hodders

Three employees of Hodders of Bristol had their long service recognised at a dinner recently when Mr Ralph Weston, managing director of Weston Pharmaceuticals Ltd (the parent company) presented a gold watch to each. The recipients were Messrs C. R. Eynon, MPS, R. Simpson, MPS and S. G. Riches.

Mr Eynon, joined Hodders in May 1941 as a branch manager and became a branch supervisor and eventually director of Hodders with responsibility for wholesaling and warehousing activities, a position which he still occupies. He is now a director of Westons Chemists (Wholesale) Ltd.

Mr Simpson completed 25 years' continuous service in April although he had in fact been apprenticed to Hodders before that. He rejoined the company in 1947, after service in the forces, as a relief pharmacist and was appointed area manager for the Bristol area in 1969. Mr Simpson's father was also a member of Hodders staff for 38 years.

Mr Riches joined Hodders as an office boy in 1922. Since that day his record of service has been unbroken apart from war service. He became company secretary and a director of Hodders before acquisition of the company by Westons.

Miss Barbara Nickel, a German pharmacist, walked into the Scottish Design Centre in Glasgow recently to escape the rain—and walked out a woman in a million. For Barbara was the one-millionth visitor to the centre since it opened in 1968. After being welcomed by officials Miss Nickel chose a coffee service to take back to her home in Stuttgart.

Deaths

Tomblin. Recently, Mr Edward Aldridge Tomblin, MPS, 26 Tudor Drive, Oadby, Leicester, aged 75. Mr Tomblin qualified in 1920, went into business in Leicester Road, Oadby in 1921, and retired in 1949. He was the longest-serving member of the local Executive Council and took an active interest for many years in the work of the Pharmaceutical Society, nationally and locally.

NEWS IN BRIEF

☐ Italy's biggest health insurance institution has decided to strike off 10,000 pharmaceutical products from its recommended list as being "either useless or harmful" reports *Sunday Times*.

☐ The chairman of the Plymouth Branch of the Pharmaceutical Society, Mr R. J. F. Bowden, accompanied by the vice-chairman, Mr J. Pike, and Mr Mervyn Madge, a member of council, paid an official call on the lord mayor recently.

☐ The Italian firm of CTIP (Compagnia Tecnica Industrie Petroli) of Rome has been awarded a $1·7m contract for the supply of equipment and services for the construction of a pharmaceutical products' plant in Finland.

☐ A fundamental research programme is needed to improve the efficiency of influenza vaccination, Mr Michael Alison, Health and Social Security Under Secretary, said recently in the House of Commons. He was announcing a "substantial contract" from the Department which has been placed with the microbiological research establishment at Porton Down.

Topical reflections by Xrayser

Doubt on doubt

I am not surprised that it should have been thought necessary to clarify the advice offered by the Committee on Safety of Medicines in its letter dated August 2. The second letter, received nearly a week later, opens confidently with the words "to remove any doubts", suggesting that the first communication had not been completely successful in its intentions, and that it had now been realised—or pointed out—that there may be places and times in which no alternative to the Lanoxin brand of digoxin is "readily available".

I would suggest that, after a full week of practical experience of the situation created by Burroughs Wellcome, still further advice is obligatory, for a large number of questions remain unanswered—questions which must be faced with the utmost urgency.

Can we be assured that other brands of digoxin, if and when they become available, have been subjected to the stringent quality control which, it is claimed, has revealed the significant variation in Lanoxin? Is patient stabilsation easy of accomplishment when an order for digoxin is filled from any available supply which the wholesaler, under pressure, is compelled to accept? What is being used in the hospital in which a patient has been stabilised? And is that standard throughout the country, or even in any particular region? And since it is hospital policy to name only generic names, how is the general practitioner to ensure continuity of a course of treatment reached after the most careful assessment?

Further questions

Then, it seems to me, there are some questions which must be answered by the manufacturers of Lanoxin. Were they taken by surprise when they discovered the results of the method of formulation, the method of manufacture and the revised quality control procedures? Were the new tablets marketed *before* such tests were devised? If so, why were not the *new* tablets recalled when the results became known? And are we to take it that the new methods of formulation and manufacture have been applied only to Lanoxin, or are any other products of the company affected in a similar manner?

Meantime, all that we know is that Lanoxin is stronger in its effect than its designation "0·25mg digoxin" suggests, and we do not know anything of the other brands except that they are described in the same terms. The present position is highly unsatisfactory, if not, in fact, dangerous and its solution is of the utmost urgency.

NHS report

As long ago as 1938 I attended a meeting at which a speaker eloquently argued Recommendation 3 of the report just published on the pharmaceutical service. The point was made that running costs of standing by were borne by the contractor until such time as a prescription was presented, and only then were they assumed by what was then the National Health Insurance. Little interest was shown, for the idea was revolutionary.

The report in general was as was to be expected from the composition of the committee, who have been perhaps too closely involved in the past to be susceptible to new arguments.

You know the name, but you can't place the fac

Our new packs have got the cutest little baby face.

It makes our whole range of Babymilks look nicer, we think.

But the looks are all that's changed.

The milks inside are just as good as they always were.

They're still the brand leader.

And we're running ads like this in national women's magazines so your customers will know all about it.

So they'll still come to you for the Babymilks only Cow & Gate know how to make.

The ones more hospitals and doctors and midwives choose.

The ones more mums trust.

Just like they always have.

The ones you sell best.

Just like you always have.

Cow & Gate

NEW PRODUCTS AND PACKS

Cosmetics and toiletries

Combined rinse and conditioner

The Alberto-Culver Co say that Alberto Balsam offers women a simple and complete beauty treatment of the hair by combining the attributes of a cream rinse and a conditioner—and completing the treatment in only 60 seconds.

It is an "after-shampoo application" that has been "fantastically successful" in the US. After shampooing the excess water is squeezed from the hair, Alberto Balsam is applied generously, worked in well for one minute, and then rinsed thoroughly with warm water. The company recommend its use after every shampoo and "always after colouring, bleaching or permanent waving".

Alberto Balsam in the yellow plastic bottle is for normal hair. If the hair is extremely dry and brittle the "super conditioning formula" in the green plastic bottle is recommended. Packaging is a sachet (£0·09) and bottles containing 90cc (£0·33) and 220cc (£0·59) (Alberto-Culver Co., 44 Newington Causeway, London SE1 6DX).

Dior's fiery sky

Christian Dior are introducing what they describe as a completely new texture in nail enamels, nail gloss (£0·95, mini size £0·50). It is designed to add a delicate tinted gloss to the nails, according to the number of coats used. It comes in "Sky" colours in Peace, Mauve and Pink, which harmonise with their new cream enamel shades and lipsticks. Nails enamels and lipsticks are also available in the "Fire" shades, Orange Flame, Blue Flame and Pink Flame (Charles of the Ritz Ltd, Brook House, Park Lane, London W1).

Three Wishes from Pears

A new bathtime product from A & F Pears is known as Three Wishes (£0·39) and is a foaming water softener, "gentle" conditioner for the skin and is perfumed. The fragrances are Woodland Herbs, a pine-herbal mixture; Amber Essences with "golden oils and a rich, spicy perfume; and Wild Flowers, a light and floral perfume. Each fragrance colours the water—a soft green, a pale gold and a clear blue respectively. A bottle contains enough for 12 baths (A & F Pears Ltd, Hesketh House, Portman Square, London W1A 1DY).

Neon lighters from Gala

An iridescent colour collection for the eyes, lips and nails is being released by Gala comprising six new eye-lighting colours and two new shades for lips and nails. The Neon eye lighters are: Canary Shock, Aqua Shock, Sky Shock, Peppermint Shock, Kingfisher Shock and Pink Shock (£0·45). The lip colours are Ultra Violet, a shimmering Lilac Pink and Infra Red, a sparkling Melon Shade (£0·35). For nails the colours are Electric Green and Electric Blue (£0·30) (Gala of London Ltd, Surbiton, Surrey KT6 7LU).

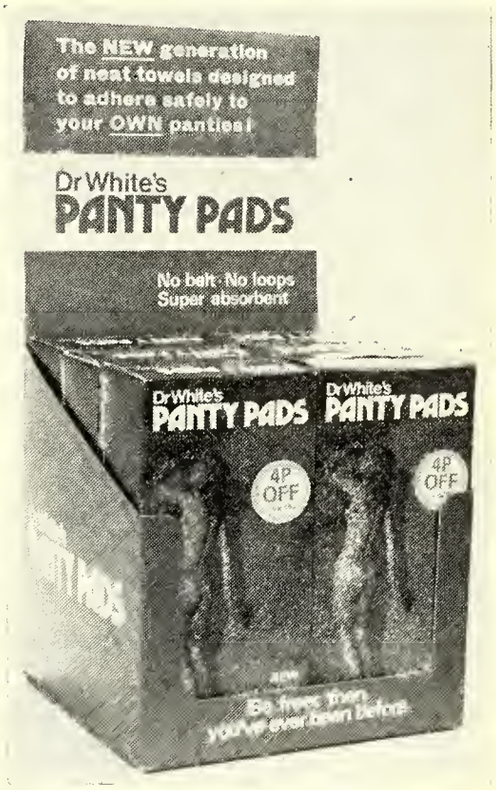
Nail glossies

The latest arrivals in Dorothy Gray's range of "Glossies" are nail enamels (£0·45) which come in 12 shades—eight pearl and four plain—including bright reds, blackcurrant and pale pastels. Two of the main selling points, according to the company, are that the preparation is blended so doesn't need to be shaken and that the brush reaches the bottom of the bottle (Gray Products Ltd, 2 Marshall Road, Hampden Park, Eastbourne, Sussex).

Cyclax autumn collection

Due on sale in September from Cyclax is a new light floral and spicy fragrance, Joie de Vivre in 47cc spray Cologne (£1·65) offered initially at £1, 17cc slim spray Cologne (£0·95), ocean bath soap (£0·75), ocean bath talc (£0·90), ocean bath gel (£1·10) and ocean body moisturiser (£1). The bath products all contain algae, vitamins C and K, iodine and sodium chloride and other minerals. To back the launch, Cyclax are offering a Carmen wig worth £6·95 free if five products are purchased and £1 if two products are purchased.

The company are also introducing from October Creme blusher (£0·60) in four shades, Strawberry, Plum, Cinnamon and Peach and presented in mini-compact, non-greasy Creme eyeshadow (£0·60) in Sage, Lilac, Cornflower and Cinnamon and packed in a glass bottle with silver cap, lipsticks (£0·60) and nail polish (£0·70) in Magenta, Chestnut and Redwood. At the same time, Anti-shine foundation (£0·95) will appear in six shades, Natural, Peach, Rose, Beige, Sun and Bronze and presented in a 50cc frosted bottle with silver cap. This preparation is said to be an oil-free, powder-based liquid which gives a matte complexion and can absorb oil on the skin's surface for up to eight hours. It is recommended particularly for oily, combination and blemished skins as it contains fentichlor (Cyclax Ltd, 65 South Molton Street, London W1).



Sundries

Dr White's Panty Pads

By their introduction of Panty Pads, low-bulk soluble sanitary towels designed to fit inside the wearer's own close-fitting briefs, Lilia-White extend their product range to include every type of sanitary protection currently available.

Dr White's Panty Pads have an adhesive strip in a zig-zag pattern and runs the entire length of the towel.

Panty Pads will be produced in one size only, packed in cartons of 10 (£0.15). The pack design features a nude female figure seen through a swirling floral "mist" (Lilia-White (Sales) Ltd., Charford Mills, Birmingham 8).

Dietary

Infant dietary management

Intended for the dietary management of various disorders of absorption and digestion in infants, Pregestimil is an addition to the Mead Johnson range of nutritional products.

The product, in 1lb tins (£2·95 trade), contains no lactose or sucrose, utilises medium chain triglycerides as the major source of fat and contains hydrolysed casein. It is indicated for infants and young children with: disaccharidase dificiencies, chronic diarrhoea, idiopathic de-

fects in digestion or absorption, fat malabsorption, cystic fibrosis, sensitivity to food proteins, intestinal resection and multiple malabsorption states. A dilute (10kcal/fl oz) and normal formula (20kcal/fl oz) are available (Mead Johnson division, Bristol Laboratories Ltd, Stamford House, Station Road, Langley, Bucks).

Bisks wafers

This week a new addition to the Bisks range of slimming foods was introduced by Fisons—milk chocolate wafer bars (£0·32) in sixes. (Fisons Ltd, pharmaceutical division, 12 Derby Road, Loughborough, Leics LE11 0BB).

PRESCRIPTION SPECIALITIES

KETALAR injection

Manufacturer Parke, Davis & Co, Usk Road, Pontypool, Mon NP4 8YH

Description Vials containing ketamine hydrochloride as the equivalent of either 10mg or 50mg ketamine base/ml (the latter contains 1:10,000 benzethonium chloride as a preservative, the 10mg/ml solution contains sodium chloride and is isotonic). Injection solutions are slightly acid (pH 3·5-5·5)

Indications Induction or general anaesthesia

Contraindications Eclampsia or pre-eclampsia. Patients in whom an elevation of blood pressure would constitute a serious hazard

Dosage 2mg/kg of body weight intravenously usually produces surgical anaesthesia within 30 seconds which lasts 5-10 minutes. To maintain anaesthesia additional doses can be administered. 9·5-13mg/kg intramuscularly (used mainly in children) usually produces anaesthesia within 3-4 minutes

Precautions Chemically incompatible with barbiturates giving precipitate formation

Side effects Temporary elevation of pulse rate and blood pressure. During emergence from anaesthesia the patient may go through a phase of vivid dreaming

Packs 10ml vial containing 50mg base/ml (£1·46½ trade) and 20ml vial containing 10mg base/ml (£0·73½)

Supply restrictions Available only for use in hospitals or by anaesthetists

SLOW SODIUM tablets

Manufacturer CIBA Laboratories, Horsham, Sussex

Description White, sugar-coated tablets marked "CIBA" (in red) on one face, each containing 600mg sodium chloride in a slow-release wax core (equivalent to 10m Eq Na)+)

Indications Treatment and prevention of sodium chloride deficiency

Contraindications Any situation where salt retention is undesirable, such as oedema, heart disease and cardiac decompensation, or where therapy is being given to produce salt and water loss.

Dosage Adults: For prophylaxis, 4-8 tablets daily; for treatment, up to 20 tablets daily may be required in cases of severe salt depletion. Children: Dosage should be proportionate on a body weight basis

Notes Provides palatable form of sodium chloride which can be taken by any individual who can swallow; may reduce use of IV saline in hospitals

Storage Protect from heat and moisture

Packs Dispensing pack of 500 tablets (5 × 100) (£1·50 trade)

Issued July 1972

PROMOTIONS

Panty Pad launch plans

Lilia-White will use consumer sampling to assist chemists during the stocking-in period for their Panty Pads (p.259). A special couponed advertisement in the *Daily Mirror* and *Daily Record* (Glasgow) offers approximately 7 million women the opportunity of sending for a free trial pack of three Panty Pads.

In a trade introductory promotion, all major pharmacists will be offered a free merchandising outer containing six packs of Panty Pads flashed "4p off".

The main weight of the national consumer advertising programme follows at the end of September with a campaign involving more than 30 full-colour whole pages in 13 women's magazines: *Woman, Woman's Own, Woman's Realm, Loving, Petticoat, Mirabelle, Valentine, 19, Honey, Hers, True, Fabulous* and *Look Now*.

The campaign theme "Beats every other towel out of sight" is geared to a series of close-ups of actual wearers illustrating the discreetness of Panty Pads beneath ordinary briefs (Lilia-White (Sales) Ltd., Charford Mills, Birmingham 8).

Stereo set prize

A stereo set worth £75 and 100 £2.50 record tokens are the prizes for L'Oreal's Reban competition, which requires entrants to match a list of dates over the past 18 months with the names of the records which were top of the charts at the time.

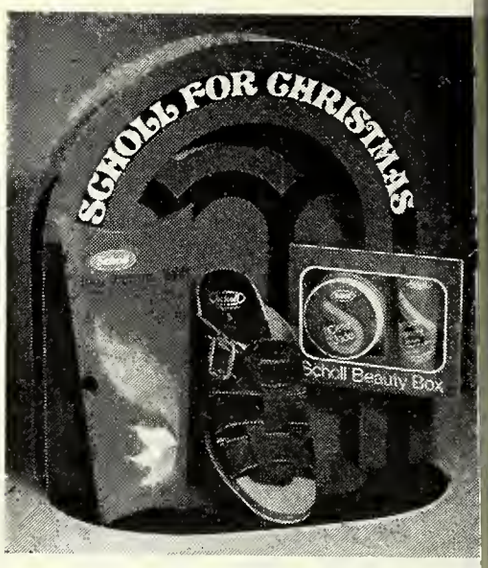
Entry forms will be available from display materials and in the event of a tie, the participants concerned will be asked to write a slogan about Reban. An identical stereo outfit will be awarded to the pharmacist from whom the winner obtained her entry form (Golden Ltd., Berkeley Square House, Berkeley Square, London W1).

Palmolive/"Penthouse" tie-up

The launch of New Palmolive Rapid-Shave is being supported by a promotional package which is tailored to a major men's toiletries product. Rapid-Shave is available in flashed 5p off cans, and there is money off Palmolive Lather and Brushless shaving cream and Palmolive shave sticks which are also included in the promotion. The promotion involves a theme link consumer contest with *Penthouse*, the London Penthouse Club, and the newly opened vacation complex at the Penthouse Adriatic in Yugoslavia.

Some 1·5 million colour leaflet entry forms will be distributed to the trade during this month and September. A poster and a combined counter showcard and leaflet holder will also be available. The first prizes are three all expenses paid luxury fortnight holidays for two at the Penthouse Adriatic, and there are twenty consolation prizes of holiday weekends for two centred on the London Penthouse Club.

All display material features Miss Nevenka Dundek, the Palmolive "Penthouse Pet", who was "Pet of the Month" in the June issue of *Penthouse* and entrants to the consumer contest have to show that they have got what it takes to partner Nevenka. Entries must be accompanied by a proof of purchase from any pack of Palmolive Rapid-Shave, Palmolive Lather or Brushless shaving cream or Palmolive shave stick.



Scholl's Christmas display unit, which includes one of their autumn range of suede sandals, priced at £4·99 (C&D July 8, p 39) (Scholl (UK) Ltd, 182 St John Street, London EC1P 1DH)

Consumer offers

☐ "Save 2p on Andrex" coupons are now appearing on Scotties mansize, regular and family packs (Bowater-Scott Corporation Ltd., Bowater House, Knightsbridge, London SW1).

ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire. Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Adorn: All except E
Anadin: All areas
Aquasil: So
Brylcreem: All except U, B
Calgon: So
Close-Up: All except E
Cool: Ln, WW, So
Eno: Ln, M, Lc, Sc, WW, So, U
Feel Free: All except E
Harmony hairspray: All except E
Lil-lets: Ln
Macleans Fluoride toothpaste: NE
Optrex: All except U, E, CI
Poligrip: M, Lc, Y, Sc, So, NE, G, CI
Rennies: All except U, E
Right Guard: All except E
Ry-King crispbread: M
Setlers: Ln, M, Lc, Sc, WW, So, NE, A, U, G
Signal: WW, So, A, U, W, B, CI
Sunsilk hairspray: All except E
Tweed Perfume: Ln, Y
US bath additive: All except U, E
Zoflora: M, Lc, Y, NE, U
Zubes honey & lemon sweets: M, WW

TRADE NEWS

Millophyline ampoules, batch 101759

Dales Pharmaceuticals Ltd., Barrows Lane, Steeton, Keighley, Yorkshire, ask pharmacists to return all stocks of Millophyline ampoules bearing batch number 101759; this number will be found on the underside of the box. Full credit will be given, and further supplies of a fresh batch will be made available as soon as possible.

This action has been necessitated by the discovery of non-bacterial contamination of a small percentage of the ampoules from this batch against their stocks. The Medicines Division of the Department of Health and Social Security has been informed.

Revised babymilk instructions

With the introduction of the new pack for Cow and Gate babymilks (*C&D*, August 12), changes have been made in the feeding tables and calorie claims printed on the carton.

In line with current medical thinking the recommended amount of sugar to be added to the feed has been reduced and the quantity of powder is now in the ratio of 1 scoop per fl. oz. of water. The alteration of the calorie claim is due to a change in the method of calculating the calorie value required by the new food labelling regulations.

To help chemists reassure mothers that there has been no alteration in the formula of the food a new leaflet is being introduced. This will link up with consumer advertising introducing the new pack and will carry copy stressing that although the pack is different the contents remain the same. A plastic wallet to display 25 copies of this leaflet will also be provided.

Both items are being supplied to chemists by the company's representatives and are also available from Cow & Gate Baby Foods, Guildford, Surrey.

For the Olympics

British Cod Liver Oils (Hull & Grimsby) Ltd., Marfleet, Hull, Yorks, say that two products in the company's Horseguard range, antiseptic hoof ointment and Horseguard antiseptic healing cream, are among those selected for use by members of Great Britain's Olympic equestrian team in Munich this year.

Service for manufacturers

Pharmaceutical Projects Ltd is an "organisation specifically designed to provide new products, rejuvenate and widen the market of existing products, open the door to overseas marketing and provide market research facilities for the pharmaceutical industry." That is the beginning of a three language booklet available from the company at Easthorpe House, Loughborough Road, Ruddington, Nottingham NG11 6LW, describing the formulation, design and marketing services offered.

Glaxo revised parcel discounts

Glaxo Laboratories Ltd announce revised discount parcel terms with effect from August 14. The qualifying order value for a 5 per cent discount on pharmaceutical products has been increased from £20 to £25 and the qualifying order value for a 10 per cent discount on pharmaceuticals from £40 to £60.

Ordering of Glaxo foods has been simplified by allowing them to be added in any quantity in case lots to the qualifying orders for pharmaceutical products. A 5 per cent discount will be given on Glaxo foods ordered with the £25 discount parcel and an 8½ per cent discount on foods ordered with the £60 discount parcel. Terms for the Glaxo 1 gross food products parcel are unchanged.

Another Prondol

John Wyeth & Brother Ltd., Huntercombe Lane South, Taplow, Maidenhead, Berks, announce that Prondol (Iprindole) is now available in a 30mg strength as well as the 15mg. The new strength is issued in containers of 100 (£1.30) and 500 (£5.50).

Enterosan distribution

A. J. Box & Drivers Ltd, Powerscroft Road, Footscray, Sidcup, Kent DA14 5EG, have obtained the sole distribution rights within UK for Enterosan tablets.

Sinex now nationwide

Vicks Sinex nasal spray, which the makers claim gives "relief in seconds for up to 8 hours" as a decongestant, is being launched nationwide after a successful trial period in the Lancashire television area (see *C&D*, September 11, 1971, p.336)

Sinex, a pharmacy-only product, contains oxymetazoline hydrochloride. This is continued with the nasal Vick aromatics. Richardson Merrell Ltd., 20 Saville Row, London, W1, by paying royalty to Merck of Darmstadt have the exclusive right to use oxymetazoline hydrochloride for over-the-counter products in the UK.

BW and Calmic move house

The UK medical division of The Wellcome Foundation Ltd is moving to Berkhamsted, Herts, on August 21. From that date medical inquiries related to BW or Calmic medical products should be addressed to the appropriate medical adviser at Ravens Lane, Berkhamsted, Herts. The move does not affect the arrangements for orders, inquiries related to orders and accounts which should be addressed to Dartford, Kent, as before.

Holiday closing

The offices and warehouse of Upjohn Ltd, Crawley, Sussex, will close from 4 pm August 25 to 9 am August 29.

Nail polish colours

Woltz Italiana have introduced to their Venetian Carnival range of nail polishes Rialto (blue) and Laguna (green) in the mini size (£0.27) while the former also comes in the classic (£0.40). Both presentations are also available from Sales Affiliates Ltd., Barnet by-pass, Boreham Wood, Herts, in pearly pink shades, Samoa and Honolulu.

Discontinued

Hostacain with noradrenaline and Hostacain Special have been discontinued, Hoechst Pharmaceuticals Ltd., Salisbury Road, Hounslow, Middlesex TW4 6JH, announce.

Bonus offers

Alberto-Culver Co., 44 Newington Causeway, London SE1 6DX. Alberto Balsam. Sachets 12 invoiced as 11. Small bottles 12 invoiced as 11 plus 6 double sachets. Large bottles 12 invoiced as 11 plus 10 double sachets.

Allen & Hanburys Ltd., Bethnal Green, London E2 6LA. Haliborange tablets. Extra bonus of 8⅓ per cent on £28.20 orders or more, at normal trade prices and comprising of assortments of minimum ordering units. The minimum ordering units are: 30 containers of 30, or 30 containers of 100 or 15 packs of 200 (until October 20).

A. J. Box & Drivers Ltd., Powerscroft Road, Footscray, Sidcup, Kent DA14 5EG. Enterosan 14 invoiced as 12 (until September 30).

Richardson Merrell Ltd., 20 Saville Row, London W1. Vicks Sinex. Less 15 per cent, August 21 for 6 weeks.

Southon-Horton Laboratories Ltd., Herbert House, Slade Green, Erith, Kent. Esobactulin 5 per cent on all orders received before September 30.

Vestric Ltd., Chapel Street, Runcorn, Cheshire. Vestric clinical thermometers stubby bulb BS691. An extra 10 per cent discount on orders of 10 on tear-off wall display pack. Available from all branches (until September 29).

Autoclaving is no foolproof process, Medicines Commission reports

"The commonly held view that autoclaving is a foolproof process is false", says the Medicines Commission in an interim report on heat sterilised fluids for parenteral administration.

The report (HM Stationery Office, price £0.13) has been prepared by a committee set up in March after the Secretary for Social Services had invited the Commission to arrange for an immediate review of measures which should be taken in the course of production, distribution, storage and use of medicinal products to prevent them becoming vehicles of infection." Its membership is Lord Rosenheim, Dr F. Hartley, Dr G. E. Paget, Professor E. F. Scowen, Professor A. Wilson and Professor R. E. O. Williams.

Priority has been given to measures relating to sterile products, and in the first instance the committee has concentrated on infusion fluids.

The total usage of intravenous fluids in one year is 10 million containers nearly half of which the hospitals manufacture, says the report. In view of this, recommendations about the manufacture relate equally to hospitals and to the pharmaceutical industry. The same production standards should be applied to both although it should be borne in mind that products manufactured in hospitals are generally used more quickly and travel less far after manufacture than those made by commercial firms."

The committee heard evidence that the staff engaged in sterilisation procedures are not always adequately trained and supervised. It regards the following points as of major importance in the management of manufacture:

- ☐ a clearly established chain of command and responsibility
- ☐ adequate training and supervision of all personnel involved in production
- ☐ written job instructions
- ☐ maintenance and study of full records.

Any suspected defect in a process or product should be reported immediately up the chain of command so that appropriate action can be taken.

Intelligence required

The committee's overall conclusion is that if accepted good practice in the manufacture of sterile products were followed with intelligence at every point, the chances of microbial contamination would be minimal. They stress that all stages in preparing a sterile product are of equal importance and that too much reliance should not be placed on the detection of contamination by sampling and testing procedures "which can never take the place of adequate in-process control or be a guarantee of the sterility of the total output."

The committee heard evidence that there are some autoclaves in current use which have only rudimentary instrumentation. They recommend that sterilisers should be so equipped that the conditions in the load can be readily checked. Also, some autoclaves show evidence of poor maintenance and inadequate control, and a programme of preventive maintenance is less usual than attention forced by failure. It is considered that autoclaves should have at least one year's maintenance guaranteed by their maker, and that regular preventive maintenance is essential.

The committee consider that management should understand the possible failures associated with the operation of steam sterilising equipment. "Uncritical reliance on the equipment, however modern in design, will lead to hazard. There is no alternative to competent and informed surveillance of the process."

The committee heard that only limited use is made in industry of spray cooling, but was convinced that the process presents a potential source of contamination unless close attention is given to the design of bottle closures. If bottle closure is adequate, the method of cooling is immaterial from the point of view of contamination and the sterilisation of water used for cooling is irrelevant.

Closures

After considering evidence on glass bottles and their closures the committee recommend that bottles should be sealed with tightly fitting rubber plug closures held firmly and securely in place by an aluminium screw cap or retaining ring, and that the sterilisation procedure should ensure that on removal from the autoclave the top surface of the rubber closure is dry and therefore less liable to support the growth of bacteria.

The advantages of plastic containers over glass are said to outweigh the known disadvantages, and it is recommended that development work to improve the quality and design of plastic containers should be encouraged.

The committee was also interested to see the preliminary report of a clinical trial of administration sets with terminal membrane filter units, and recommend that further trials be undertaken with a view to establishing their usefulness.

Sampling for a sterility test, it is said, should have regard to the fact that any contaminated containers are unlikely to be distributed uniformly throughout the load sterilised as a group. It is necessary to establish the number and location of containers to be tested to increase the chances of detecting unsatisfactory procedures. From inquiries into current practice, the committee gained the impression that adequate attention is not always paid to the design of sampling systems and that the quality control personnel are not always personally involved in sampling.

The committee recommends that greater use should be made of new methods of testing particularly suited to large-volume injections, such as the membrane filter techniques and where suitable, the addition of concentrated nutrient medium to the contents of a container with subsequent incubation of the whole.

"Pharmacopoeial methods are written as a guide for trained personnel capable of using judgement. In the view of the committee this approach is desirable and should be maintained. If the tests were described in greater detail, they would be more likely to be applied in an unreasoning way and control might in fact be less effective. Such directions as are given by the Pharmacopoeia should be free from ambiguity and the current directive on the use of positive controls in the sterility test is open to some criticism on this score.

"A sterility test giving negative results is not in itself a guarantee of uniform good quality in a batch and this should be constantly in mind."

Turning specifically to hospital manufacture of infusion fluids the committee says it received evidence that the facilities and methods used for the production of parenteral infusion fluids vary greatly from hospital to hospital, and considers that such facilities should eventually be limited to selected large units.

In the committee's view, control of hospital manufacture should be no less rigorous than that which applies to pharmaceutical firms which are required to be licensed under the Medicines Act. The Noel Hall Report provides an excellent opportunity for concentrating the production of infusion fluids in centres with adequate facilities. "Inspection of facilities should be undertaken by the Department, but regional pharmacists should be given responsibility for management. They should know what is happening in their regions and have authority to close down hospital manufacture."

The committee regards reorganisation as a matter of considerable urgency.

In an addendum the committee concurs with the conclusion of the Clothier Committee that nothing can replace the constant and vigilant application of skill and intelligence to the task of producing parenteral fluids.

The Secretary of State has accepted the recommendations and is sending copies of the report to all manufacturers of sterile products known to the Department. Copies are also being sent to hospital authorities with a hospital memorandum giving advice about the implementation of the recommendations.

New officers

Pharmaceutical Society

Harrow: Chairman, Mrs J. D. Maconochie; vice-chairman, C. R. Hitchings; treasurer, F. W. Teather; press officer, J. M. Fereday; secretary, C. A. Walton, 2 Arnett Way, Rickmansworth, Herts WD3 4DA.

Christmas Gifts

Special Section

It's giving time again. And here to give your sales a boost is this year's Philips Beauty Care Range. We've taken the well-tried favourites and added more items that make very special gifts. Make your order out today and have a beautiful Christmas. Philips Beauty Care

We want you to have the best.

minated Make-up Mirror £9·95. 2. Hand Hair Drier 'Comfort' £7·95. 3. De luxe Combined Health Lamp £17·99. 4. Combined Health Lamp £13·99. 5. Hand Hair Drier 'Comfort Special' £9·50. chargeable Toothbrush £9·95. 7. Battery Toothbrush £3·99. 8. Hair Curler Set £9·95. 9. Ultraphil £10·99. 10. Infraphil £6·30. 11. Hand Hair Drier £4·95. 12. Ladyshave Standard £4·12. adyshave Beauty £4·50. 14. Ladyshave Cordless £3·99. 15. Ladyshave de luxe £5·50. 16. Hair and Massage Brush £5·19. 17. Hair Clippers £4·80. 18. Beauty Set £13·50.

Display Badedas this Christmas and see what happens

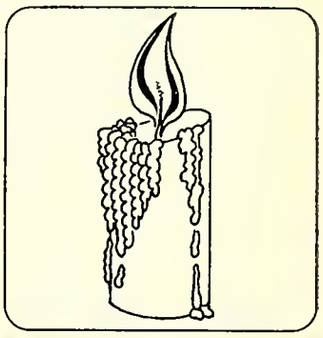
(they say it's got something to do with the advertising)

Magnificent new Christmas pack. Doubled sales in under three years Fantastic advertising. As a fast selling luxury gift with a generous margin, Badedas puts you in line for the very biggest profits. So display Badedas now and watch it earn you a prosperous New Year.

badedas

Europe's largest selling quality bath additive

Christmas Gifts 1972



Despite setbacks to the economy, public expenditure each Christmas usually manages to exceed the previous year's figure and there appears little reason to suppose 1972 will be the exception. To help ensure the pharmacist captures a generous portion of the season's generosity, *C&D* have once again assembled a series of photographs indicating the range of gifts available, the retail prices and a key to the manufacturers. On page 281 is the complete list with addresses.

1

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1. Beauty mirror £9·95. **Philips.**

2. Four sachets of fragrant foam bath £0·32. **Goya.**

3. 51209 Tweed parfum creme/parfum de toilette spray/small talc/hand soap/four bath cubes £5·26. **Lentheric-Morny.**

4. 47205 French Fern bath foam/hand soap/two bath cubes £1·22. **Lentheric-Morny.**

5. Velvet jewel box of mini talc/gel/moisturiser/spray parfum/hand soap £6·25; velvet dusting powder drum of Ocean Body £3·25. **Cyclax.**

6. Cedar Wood talc in totem pole boxes, standard £0·30, large £0·45. **Goya.**

7. 25 Bubble bath Cologne £0·28. **André Philippe.**

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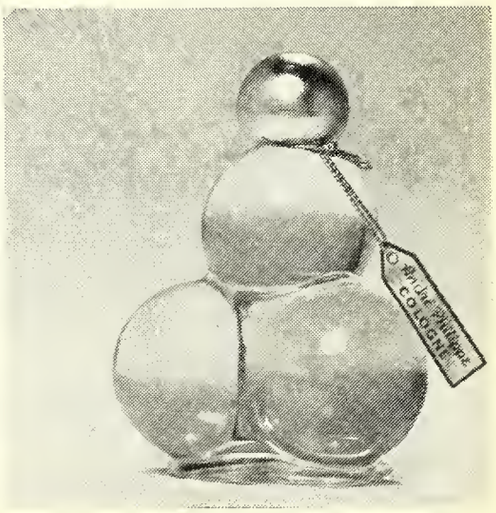

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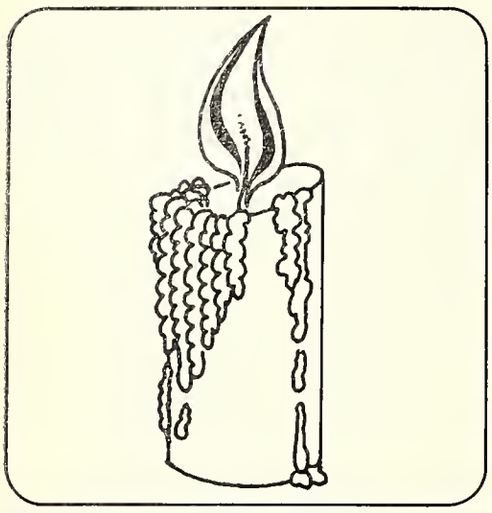

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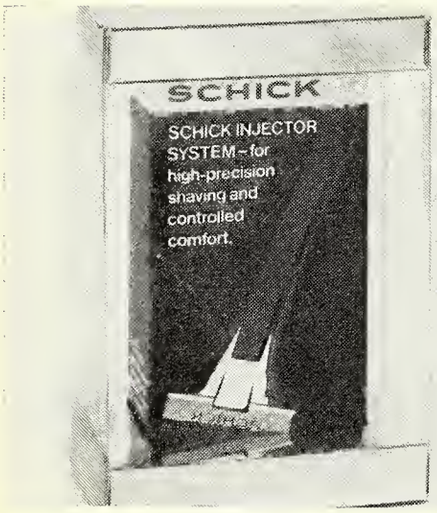

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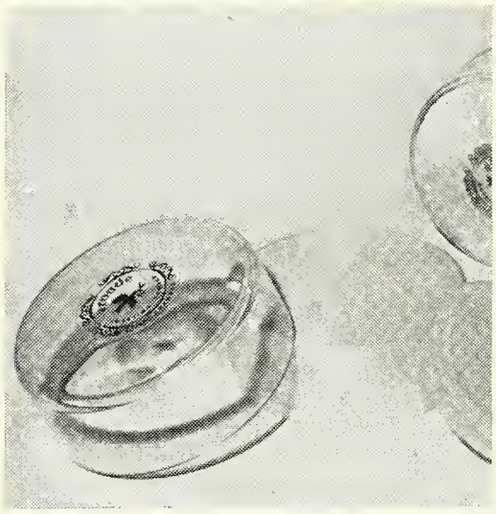

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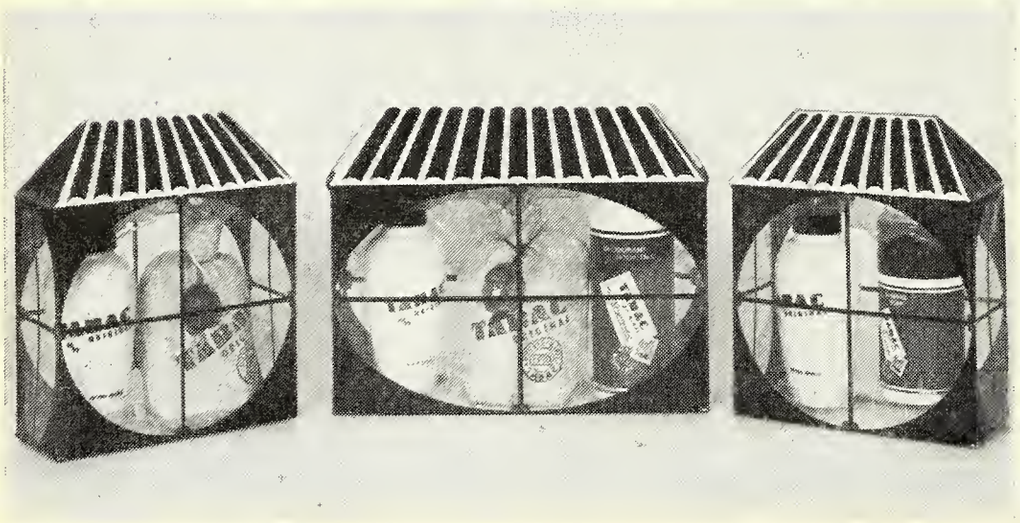

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1. 4015 Heaven Sent perfume spray mist £1·15. **Helena Rubinstein.**

2. 4357 Old Spice after shave £0·87. **Shulton.**

3. 115 Soir de Paris perfume £0·40. **Bourjois.**

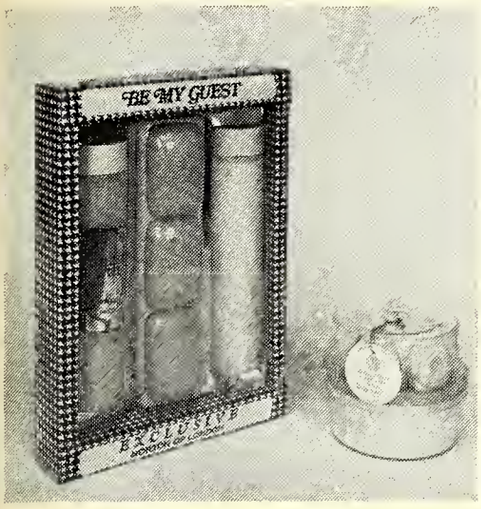
4. French Almond E1 shaker talc/soap £0·79; puffer talc £0·55; splash cologne £1·59. **Eylure.**

5. Aronde 0404 350cc bath essence gardenia, lilac, pine £0·69; 0301 700cc foam bath gardenia, lilac £0·95; 0407 750cc foam bath gardenia, lilac pine £0·65; 0403 350cc foam bath in same fragrances £0·69. **Columbia.**

6. Schick Y100 injector razor system £0·64. **Lambert.**

7. Aronde 0029 140g dusting powder £0·59. **Columbia.**

8. Tabac Original TX4 90cc after shave/141g raffia bag bath soap £1·95; TX6 90cc after shave/141g raffia bag bath soap; 35g deodorant talc £2·95; TX5 90cc after shave/100g shaving soap stick £1·79. **Eylure.**



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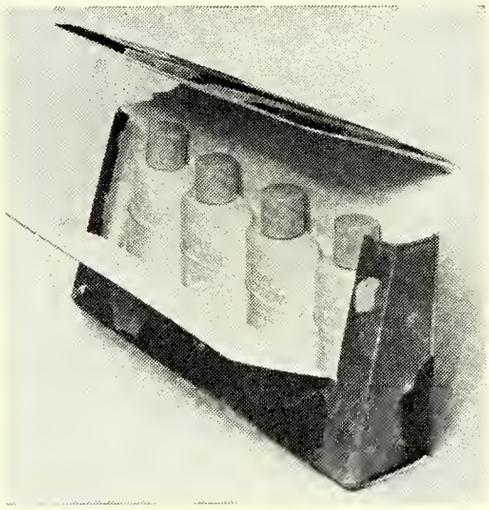

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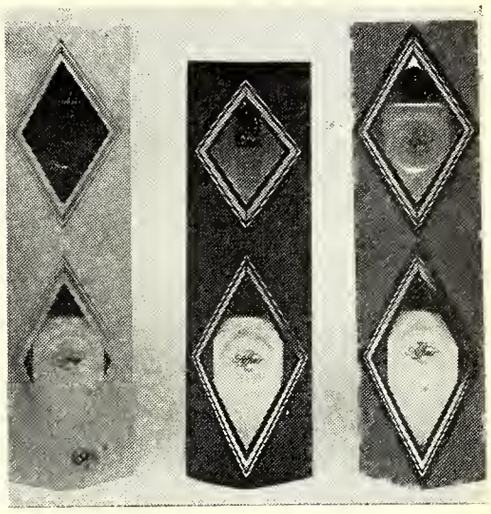

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1. G25 soap/bubble bath/hand and body lotion £0·84 in lime, lavender orchid; 941 Double Decker soaps and bubble bath £0·69. **M & R Norton.**

2. 3478 Apple Blossom traveller set containing 1oz each of hand lotion/skin perfume/talc and liquid deodorant £1·70. **Helena Rubinstein.**

3. Affair bath and body foam/talc £1·32, atomiser/talc £1·27, after bath lotion/talc £1·22. **Gala.**

4. Adagio F3 talc/foam bath £1·40. **Fiona Sands.**

5. R8 Hippo soap dish £0·68; /C7/8 soap mitt £0·42, Q5 Uncle Scrooge bubble bath £0·66. **M & R Norton.**

6. Lip and nail duo in Purple Smoke/Magenta Dazzle, Cool Shimmer/Oyster Shell, Poppy Dazzle/Flame Dazzle £0·60. **Gala.**

7. French of London 110cc bath foam £0·65. **French & Scott.**

8. Coalport Floral Pink Pomander £3·99. **Taylor of London.**

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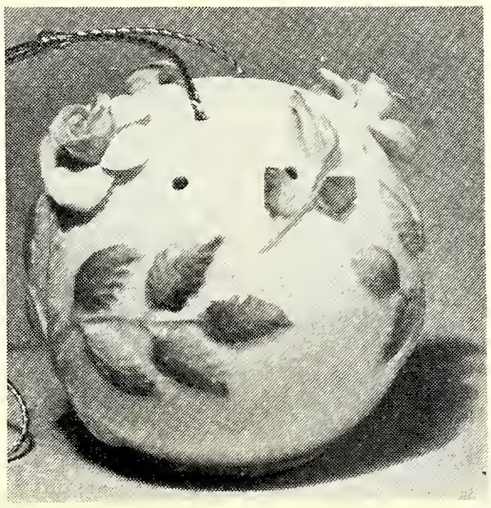

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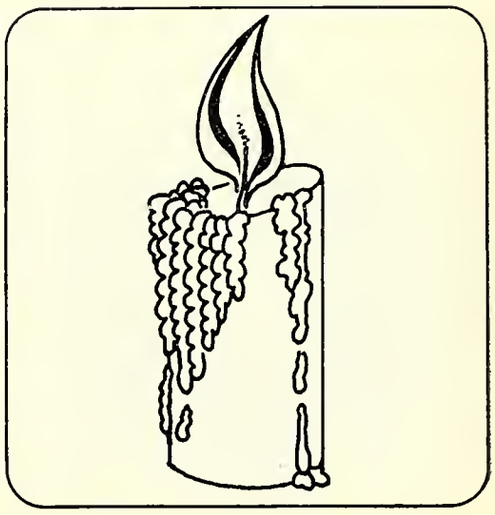

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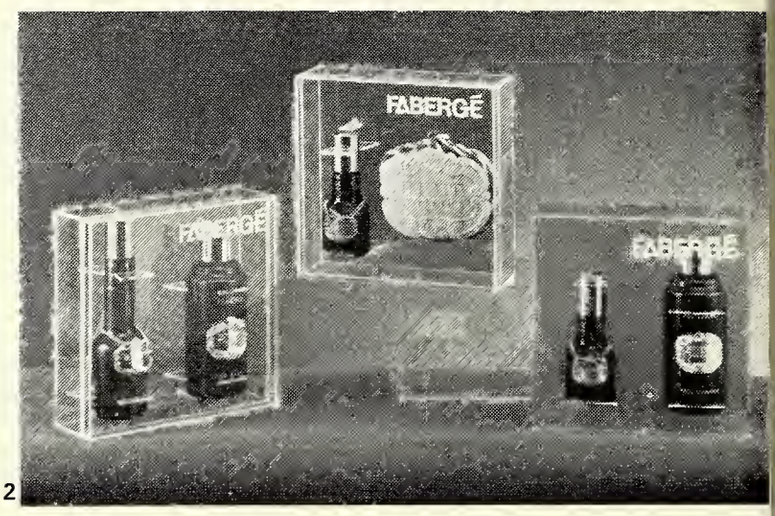

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1. Box of 3 soaps B1 Lavender, B2 Lime, B3 Orchid, B4 Sandalwood £0·45; PM6 Pretty Miss talc mitt and bubble bath £0·58; hand cream face cloth, soap G16 Lavender, G17 Rose £0·54. **M & R Norton.**

2. Brut 5735 3·2oz lotion/talc £3·75, 5732 1½oz lotion/soap on a rope £2·90, 5731 1½oz lotion/talc £2·75. **Fabergé.**

3. Aronde 0297 Racing car bubble bath £0·39; 0402 200g bath salts in pine, lilac, gardenia £0·29. **Columbia Products.**

4. SO.1110 Pluto, SO.1110 Donald Duck £0·60 each; SO.1103 Bier Keller bubble bath £0·95; SO.1110 Mickey Mouse £0·60. **Jean Sorelle.**

5. Bath time pack of Young Chelsea bath spray/bath gems/soap £1·31. **Cullingford.**

6. Rose and soap gems £0·96; large lantern bath gems £0·50. **Cullingford.**

7. Aronde 1605 Boudoir zip bag £0·33; 1604 sueded vinyl zip bag £0·49; 1603 framed bag £0·55. **Columbia Products.**

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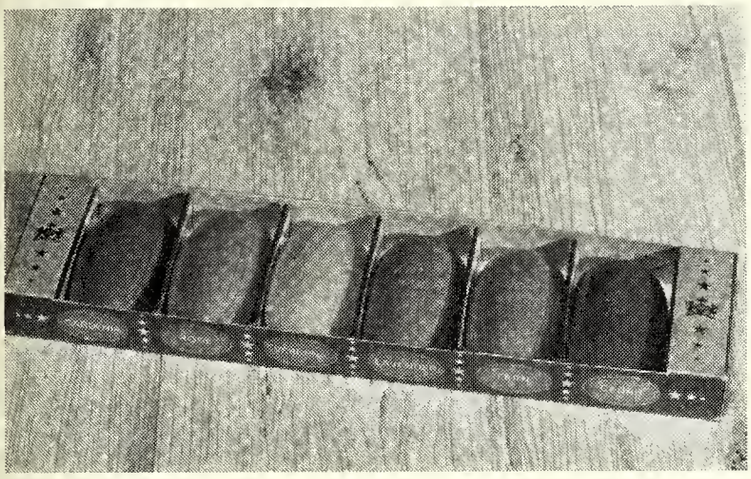

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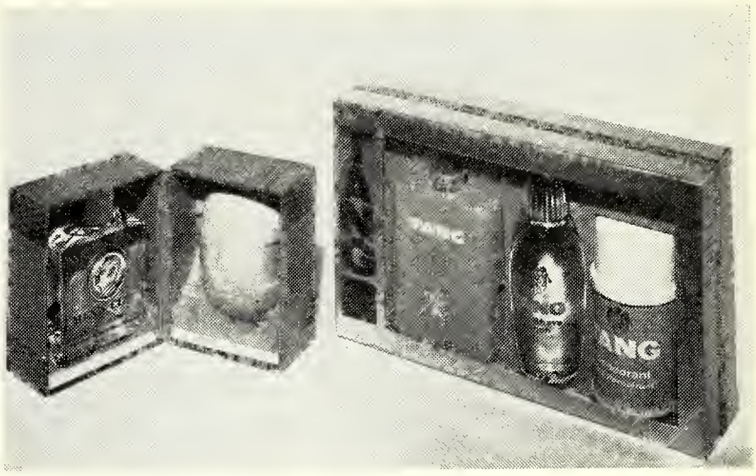

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1. Creme perfume £0·85 and handbag size perfume £0·60 in Primitif, Electrique, Hypnotique, Exuberance, Jonquille and the new fragrance, Chontrelle. **Max Factor.**

2. 8 bubble bath £0·70; 26 Eau de Lavande £0·70. **André Philippe.**

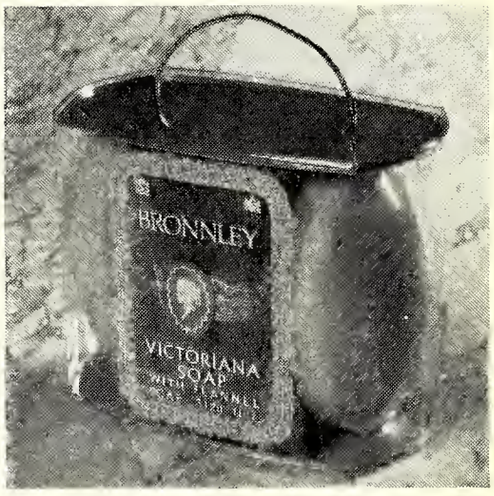
3. 31 Guest soap ovals £0·35. **André Philippe.**

4. 9421 Men's Club Eau de Cologne/ toilet soap £2·40; 9624 Tang after shave/ talc/deodorant spray £2·10. **Helena Rubinstein.**

5. 0032 Face flannel and 2 tablets of Victoriana soap in Elderflower cucumber or lettuce £1·08. **Bronnley.**

6. 508X Blue Grass dusting powder/eau de parfum spray £2·25. **Elizabeth Arden.**

7. 1966 Nerissa puffs £0·35 each; Portia 1692 toilet holdall £0·49; 1734 nylon clip top purse £0·59. **Solport.**



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ntroducing the Christmas

72 Jean Sorelle LONDON range

A selection of 22 Christmas ideas from a unique and complete catalogue of over 100 presentations

SO.1012 "The Princess": Fluted glass decanter with chromium finish ornamental fitting. Holds luxury bubble bath, in green, gold and pink colours. **80p each.**

SO.1042 "Little Miss" Bathtime: Her very own selection of junior toiletries. The talcum powder, bath cubes and bubble bath in a modern "young miss" fragrance. **75p each.**

SO.1105 Magnum size diamond cut glass cylinder bottle with bubble bath. Thirty exhilarating baths from this "economy with elegance" presentation. **85p each.**

SO.1110 Mickey Mouse, Donald Duck, Pluto: Disneyland vinyl figures filled with coloured bubble bath powder—a full size toy for after bath time fun. **60p each.**

RW.503 Check Mate: Luxury soap presentation. The "castle" and the "king" in traditional chessmen style, featured on a background of chequer board presentation. **50p each.**

SO.1003 (R) "Groundhog" Bubble Bath: A replica of the famous Dunlop character. Brightly coloured plastic shapes in red, yellow and blue. **50p each.**

SO.1106 A trio of exquisite colours reflected in the glow of bathtime delight in bubble bath. **95p each.**

RW.502 For the Motoring Enthusiast: G.T. tyre design sculptured from fine quality toilet soap, with rope for shower use. Presented in the topical Grand Prix design. **50p each.**

RW.300 "Hector's House": B.B.C. Television characters in life-like reproduction of Hector, Kiki, Zaza. **20p each.**

SO.1007 The "Regency" Decanter: The traditional styling in glass with lace effect decor mirrors the brightly coloured pink, golden and green luxury bubble bath. **95p each.**

SO.1122 Bath Salts: The candlesticks—fashioned in decorative glass are complete with matching candles to add an additional and practical glow. **95p each.**

SO.1120 The traditional Apothecary Jar with a modern ceramic finish in bold, exciting red, black or white. Holds perfumed bath salts. **70p each.**

SO.1121 Herbal Bath Salts: Modern style unbreakable and refillable bathroom container, holds water softening and fragrant bath salts with the aroma of a "garden of herbs". **45p each.**

LIME & LEMON DUET: SO.1181 Naturally perfumed lemon soap with lime bubble bath. 40p each and—SO.1182 Lemon soap with lime hand lotion. **40p each.**

RW.414 "Donkey Serenade": Gaily coloured donkeys and horses with velvet flocked panniers containing lemon soaps. An assortment to each outer pack. Individually boxed for protection in transit. **95p each.**

SO.1103 "Bier Keller": Bubble bath. A gift for HIM. Attractively barrel styled in green glass—holds generous supply of bubble bath in an acceptable masculine fragrance. **95p each.**

SO.1130 Classical Grecian style flower vase with foil wrapped bath salt shapes in attractively decorated window carton. **70p each.**

SO.1001 Trio Pack: Three miniatures of bubble bath in novelty carry pack. **42p each.**

SO.1114 Colour Magic from Aladdin's Lamp: For more exciting bath time fun. The contents bring brightly coloured bubbles racing to the surface. **45p each.**

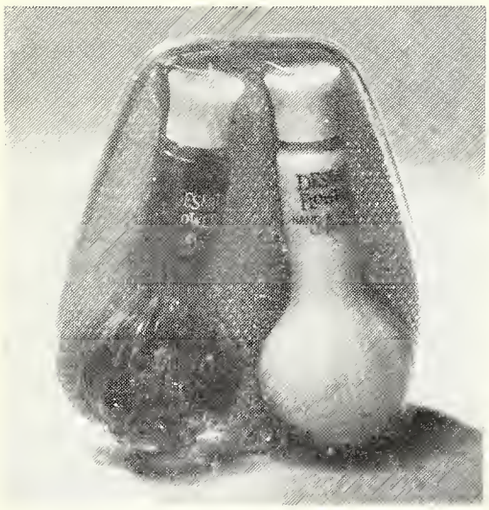
All prices are "suggested"

JS

Details of complete range, catalogue, trade enquiries and orders to:—

JEAN SORELLE LTD.

117-123 Great Portland Street, London W1N 6AH
Telephone: 01-580 1312.



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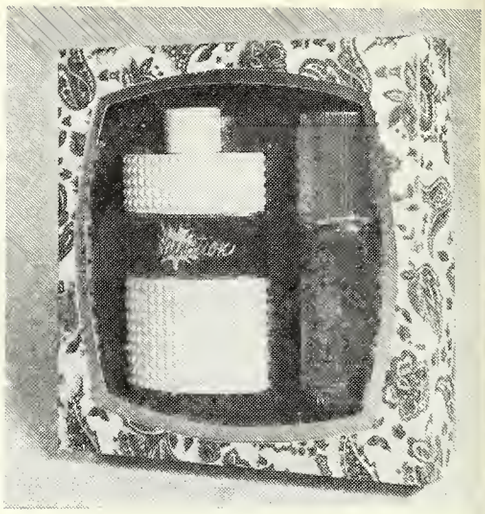

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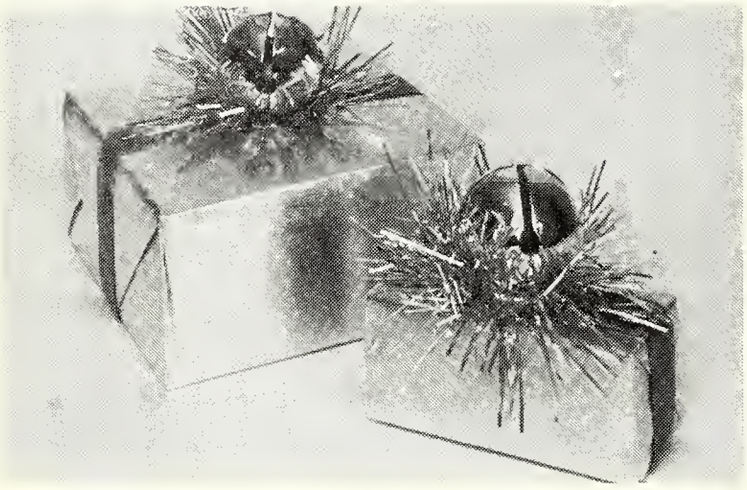

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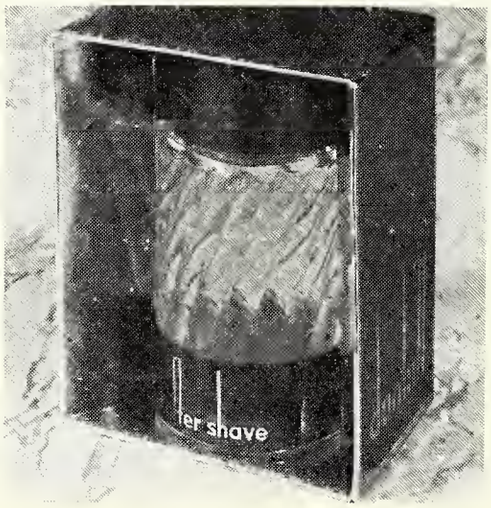

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1. Desert Flower 1759 hand and body lotion/cologne £0·56. **Shulton.**

2. 184 200cc Pink Panther bubble bath £0·65. **Rosedale.**

3. 6757 932 Blue Carnation 2oz Cologne atomiser/talc £1·90. **Roger & Gallet.**

4. 431-5X 140g Ritual bath powder £1·85, 430-1X 26cc Ritual Velvet perfume £1·60. **Charles of the Ritz.**

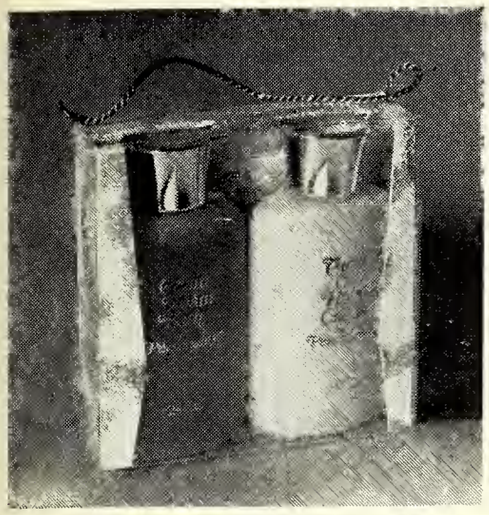
5. In Love talc/hand and body lotion/spray mist £1·82; talc/eau de toilette £1·20. **Norman Hartnell.**

6. 901H Bacchus 4oz after shave £1·90. **Coty.**

7. Sophisticat perfume in six fragrances £0·70. **Max Factor.**

8. 208 Vivelle of London 40cc bubble bath crackers £0·55. **Fassett & Johnson.**

9. Dunhill after shave 2oz £0·75, 4oz £1·30, 8oz £2·50. **Dunhill Toiletries.**



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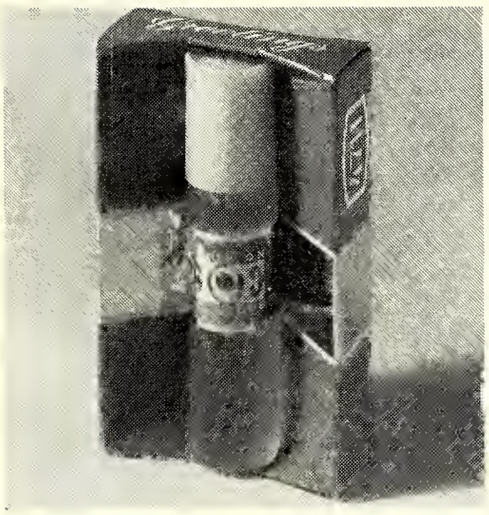

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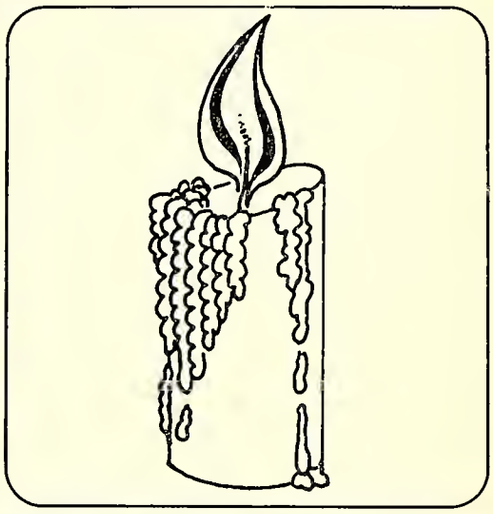

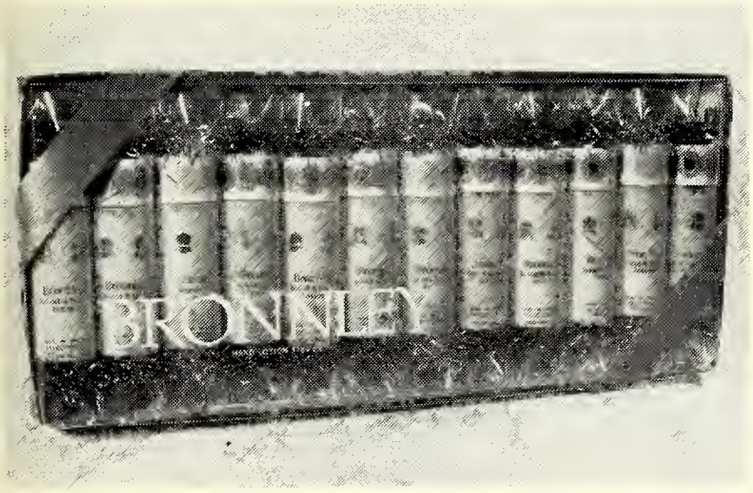

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1. D8 Personality twin pack Turtle Oil hand cream and cream foam bath in blue/rose pink/turquoise, pink/blue and lilac/lilac £0·30. **Richards & Appleby.**

2. 4711 Flow On Ice Cologne £0·33. **Scott & Bowne.**

3. 0029 12 assorted 5oz hand and body lotion £4·56. **Bronnley.**

4. Simple soap in boxes of three hand-size tablets £0·27. **Albion.**

5. Gift pack of Vacco luxury vacuum jug in olive green case £1·95. **Vacco.**

6. "The Marsham" after shave lotion in Factor for Men Original and Fresh Amber £1·25. **Max Factor.**

7. 6936 4711 talc/handcream £0·75. **Scott & Bowne.**

8. 5125 Fenjal soaps in box of three, one of each fragrance, Classic, Fresh, Jasmine £1·02. **Scott & Bowne.**

9. H.16 Imprèvu talc/flacon mist £1·90. **Coty.**

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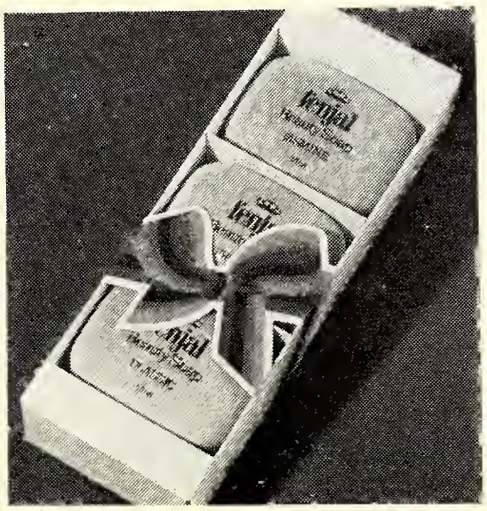

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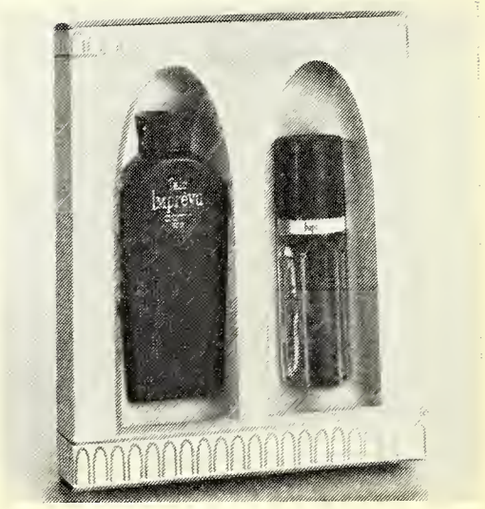

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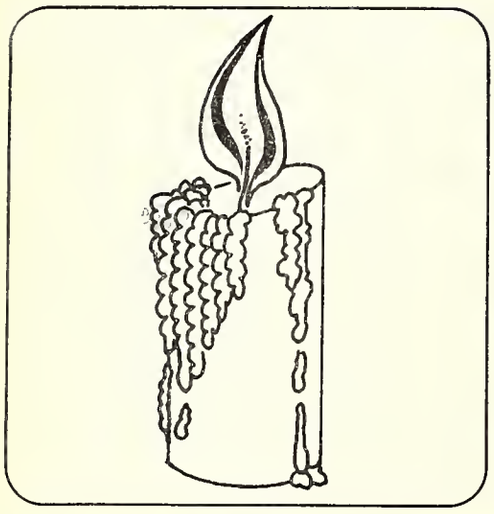

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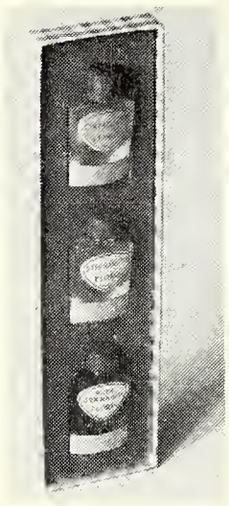

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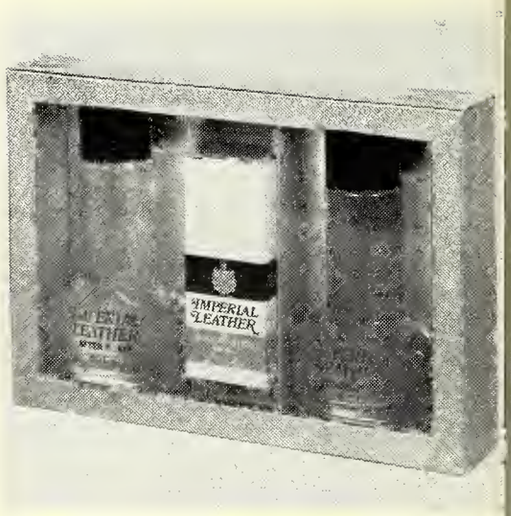

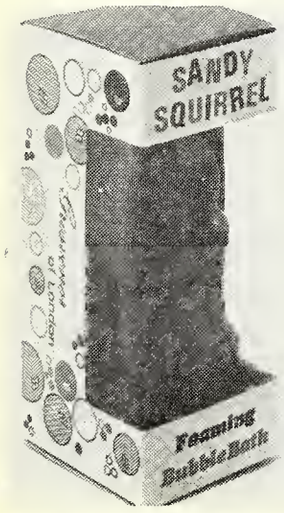

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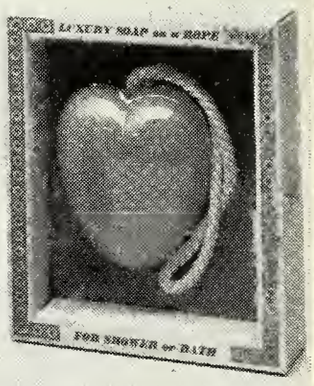

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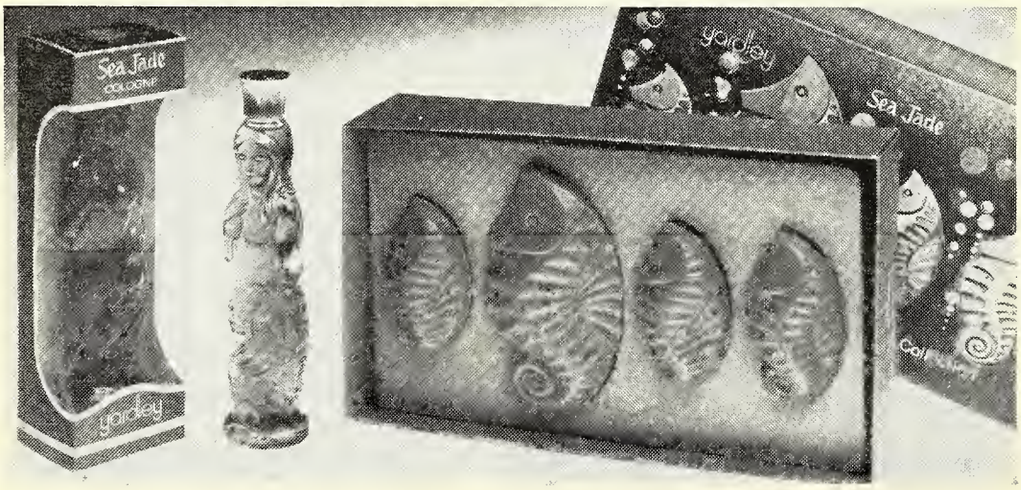

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1. 29A Three assorted concentrated bath essences, Ormonde Stephenotis and rose geranium £1·40. Also available Set 29B jasmine, limes and special 127 £1·40. **Floris.**

2. 736 Chiffon hand and body lotion/talc £0·99. **Cussons.**

3. 718 Imperial Leather after shave/shaving stick refill/hair dressing £0·67½. **Cussons.**

4. 26 Sandy squirrel foaming bubble bath £0·39; No 76 wrapped children's soaps £0·39. **Dellex-Grosvenor.**

5. 103 Luxury foam bath/guest soap £0·72; 101 Foam Bath Delight 160cc £0·38; 129 soap on a rope £0·49. **Dellex-Grosvenor.**

6. Nocturne air freshener aerosol £0·38. beauty puffs gift packed coloured balls of rayon fibre £0·35. **Wellcome.**

7. 768 Rose Renoir talc/soap/bath cubes £0·42. **Cussons.**

8. Mermaid bottle with Sea Jade Cologne £0·76; family of sea horse soaps £0·79. **Yardley.**

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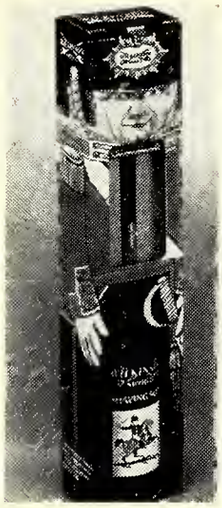

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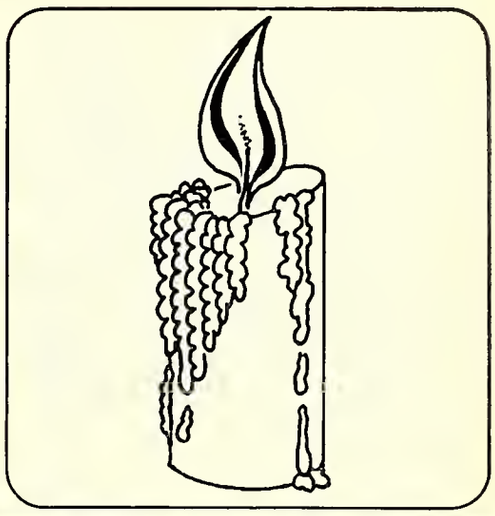

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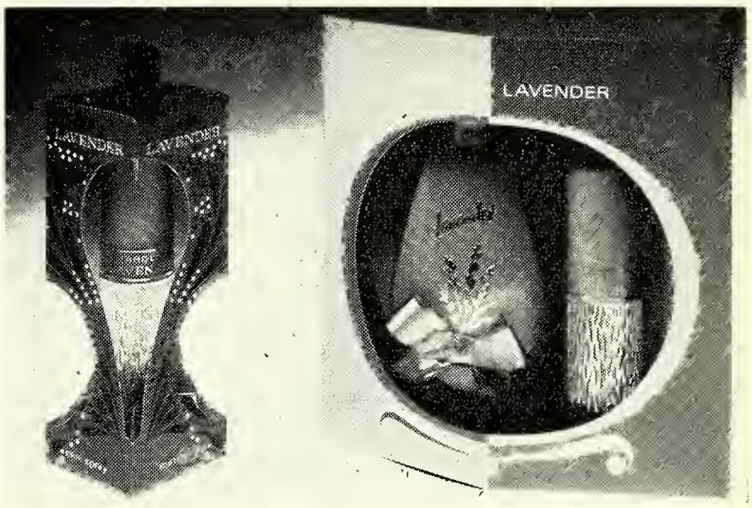

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1. 4727 Burley deodorant/soap/after shave £1·96. **Shulton.**

2. Soldier coffret with razor/five blades/aerosol can of shaving soap £1·54. **Wilkinson.**

3. Black Label after shave 91cc £0·71, also 54cc £0·49. **Yardley.**

4. Pond's Dream flower dusting powder £0·65. **Chesebrough-Pond's.**

5. Lavender mini-spray £0·69 also in Freesia, Wild Fern, Caprice, Prelude, Sea Jade; Reverie, Flair and Bond Street £0·72. Lavender talc/mini spray £1·23. **Yardley.**

6. Cachet 1oz Cologne, 1oz creme perfume in silver and burgundy pack £2·55. **Prince Matchabelli.**

7. Gingham toilet water aerosol £0·95; standard toilet water £1·05. **Innoxa.**

8. Gillette Adjustable razor/five blades £1·46. Super Slimtwist/five blades £0·73. **Gillette.**

9. Cachet Cologne spray/dusting powder 5oz £3·50. **Prince Matchabelli.**

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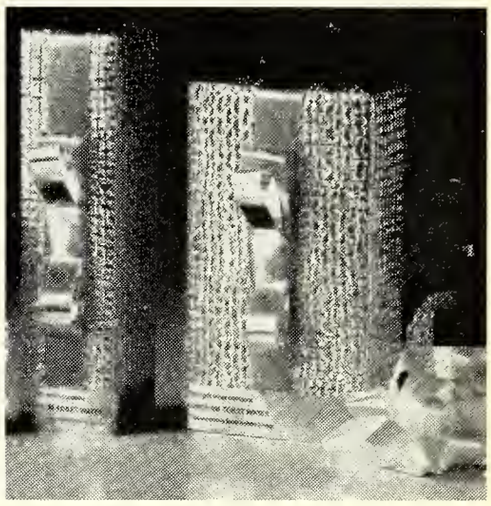

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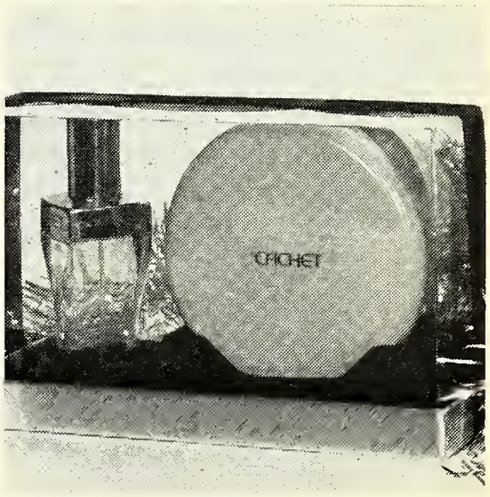

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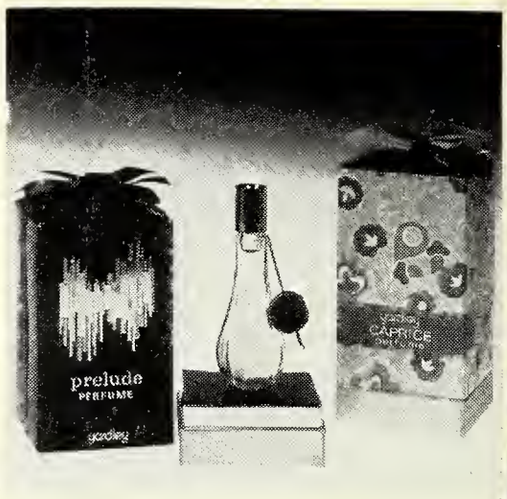

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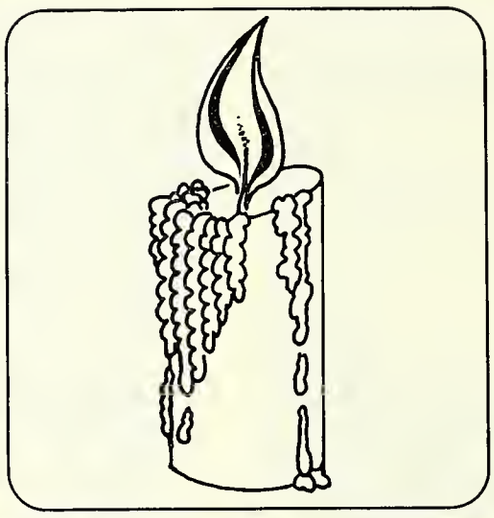

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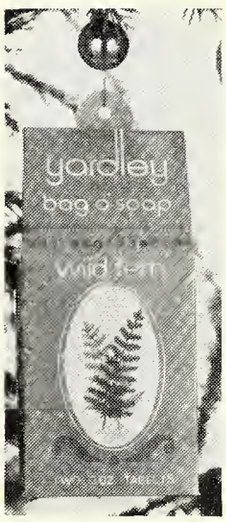

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1. 28 14cc concentrated bath essence/talc/soap. Available in Ormonde, rose geranium or Stephanotis £1·99. **Floris.**

2. Gillette GII/Foamy £1·46; foamy shaving cream 160g £0·30, also 320g £0·52. **Gillette.**

3. 4391 Prelude perfume £1·25; 2991 Caprice perfume £1·25. **Yardley.**

4. 72/25 Midnight skin perfume 25cc £0·71; 72/23 54cc £1·18; 72/21 moisturising bath pellets £1·65; 72/27 mini skin perfume £0·50. **Gray.**

5. Beauty Box containing Clear Jade and Smooth Away £0·70. **Scholl.**

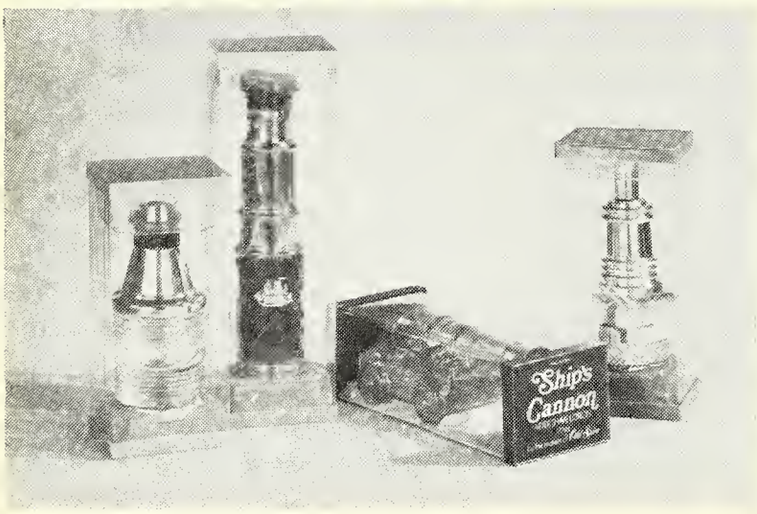
6. Bag o' soap containing two tablets in Wild Fern, Lavender, Sea Jade or Freesia £0·44. **Yardley.**

7. Guerlain talc 115g in Chamade, Metsouko, Chant d'Aromes, Shalimar, L'Heure Bleue, Vol de Nuit and Jicky £1·40. **Guerlain.**

8. 3739 Ship's lantern after shave £1·65; 4354 telescope after shave £1·65; 4200 ship's cannon after shave £1·65; 4201 Superspark after shave £1·65. **Shulton.**

9. 6245 Oriental Spice soap/man talc £1·64. **Shulton.**

Key to manufacturers p 279.



8

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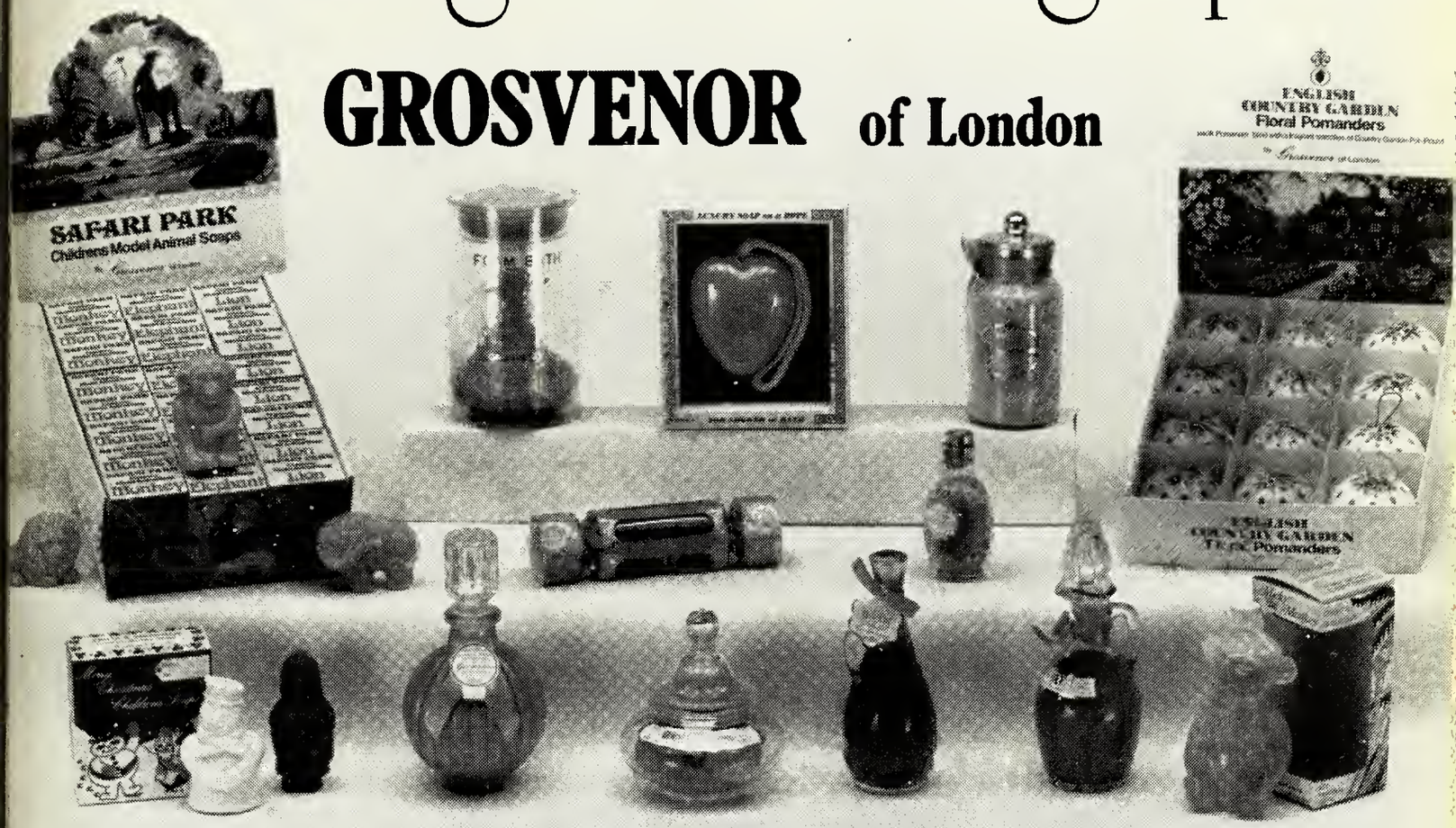

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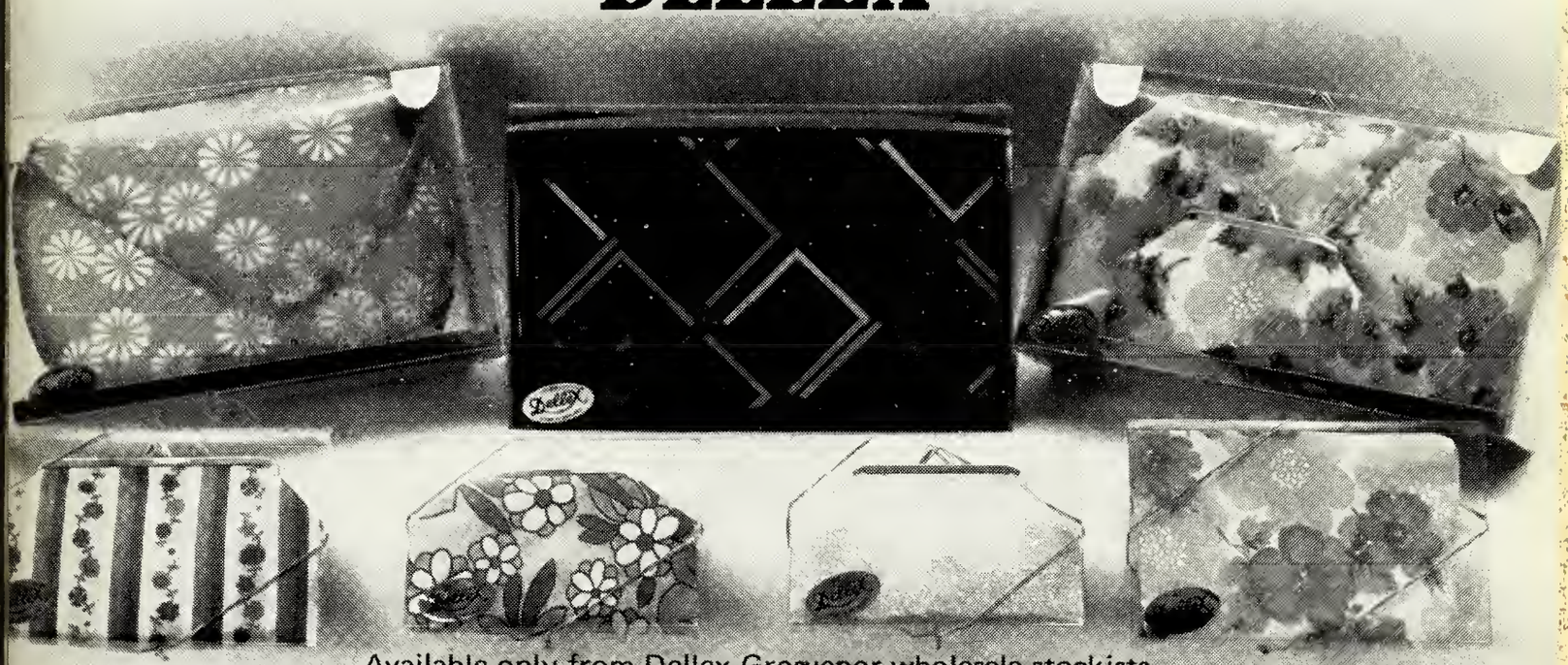

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BCW 231

COMMENT

Skilled management

"Management" is an "in" word. During the past decade few companies or organisations worth their salt have neglected to have their operations put under the microscope by one or other of the American management consultants—even the National Health Service is about to be revived by the ubiquitous McKinsey.

The result of this enterprise has been a move, not least in pharmaceutical companies, towards giving the top jobs to those qualified primarily in management science, to the exclusion of the scientist-managers who previously held the posts. While this may pay dividends in the efficient use of office space, it does not always augur well in a science-based industry.

It is to be hoped, therefore, that note will be taken of recommendations contained in the interim report of the Medicines Commission on the manufacture of infusion fluids (p.262). Clearly, the committee set-up to study the situation in industry and hospitals did not like everything it saw—reading between the lines, the inadequacies shown up by the inquiry concerning Evans Medical were by far from unique.

One of the Commission's central recommendations, therefore, is that management should be improved by a clearly established chain of command and responsibility, adequate training and supervision of personnel, adequate written instructions, and the maintenance and study of records. And ultimate responsibility in the hospital service is placed where it should and must be—in the hands of the regional pharmacist.

But what is right for hospitals in this context is also right for the pharmaceutical industry. The chain of command in all technical areas must be in the hands of those who know their business—and can foresee the pitfalls. If that demands management training for the scientists in post, so be it—they will be all the better scientists and will be encouraged by their career prospects.

Men are wanted in all levels of management who know what experience and training their juniors require to make them efficient and to prepare them for future responsibility, men who know how much the junior knows—and how much he needs to know.

The Medicines Act gives some power to the Ministers to regulate who may be responsible for process controls. But the industry can do itself a great service by ensuring that it has no manager unsure of what he is managing.

A time for support

Like a general preparing his troops for the surrender, the National Pharmaceutical Union is reluctantly advising its members to run down stocks to offset inevitable losses resulting from double taxation when value added tax is introduced next April.

It is difficult advice to give, for it must mean lost sales and loss of public confidence in the pharmacy as a reliable source of merchandise.

Rarely has the independent pharmacist been so in need of understanding by manufacturers—and rarely have manufacturers had such an opportunity to show their support.

Much can be done to help the small retailer, including provision of special financial arrangements, rapid execution of orders, and acceptance of smaller-than-usual "topping-up" orders. We have been told there is a new breed of salesman on the way, one who provides a service to the retailer. Now is his chance to prove his worth.

In this special Christmas goods issue, it is also appropriate to congratulate these manufacturers that have produced gift packs which do not preclude post-seasonal sale. Those without such foresight must not blame the retailer if theirs is a "bad" Christmas.

Yet still the NPU continues with other trade organisations the fight to save retailers from having to finance the VAT changeover. Manufacturers too will lose business if the predicted pre-tax holiday slump occurs—if any have not yet added their voice to the protest, we urge them to do so even at this late stage.

LETTERS

Working party's sponge cake!

As one of the people who wasted their time sending evidence to the Linstead working party, I must register my protest at the way the report was presented.

It has taken two years to produce a bland sponge cake of negative, indeed apathetic prose from people whom we must presume were chosen to lead us to the promised land. One can only assume their guide dog was doped by the Treasury before they set off on their journey to sweet nowhere.

The report hints at only mild dissent and little imagination forthcoming from the contractors who provided evidence. Surely this cannot be so, otherwise they wouldn't have bothered to report at all.

Why weren't the suggestions published accompanied by the reasons for rejection by the committee?

This report has been produced with the sole intention of avoiding controversy and discussion. Well, it is just not good enough and I appeal to our representatives to reject it out of hand at their meeting in October.

I put forward the following suggestion to the working party two years ago.

The large companies (ie Boots, Westons, Co-ops, etc) should be treated as individual contractors who must negotiate their own terms with the Ministry because their ability to manufacture and bulk buy drugs made a farce of the 10 per cent on cost. In Boots case 50 per cent might well be nearer the truth. The present method of payment is geared in their favour to the detriment of the small contractors. I proposed that there should be a Contractors Committee solely representing the 10,000 independent pharmacies and small groups to put our case and re-channel some of the vast profits being made into the hands of the people who really need a much better deal than we are getting at the moment.

If any of your readers support this view I would like to hear from them so that we might petition and lobby our representatives when they meet in October.

J. D. Corlass
3 The Precinct, Westcliff Estate
Scunthorpe, Lincs

Centre tactics

We were most concerned to read the contents of the enclosed letter, forwarded to all clerks of Executive Councils, by R. Weston (Chemists) Ltd, Birmingham.

Continued on page 281

Sparklets introduce a great new range of home brewing and winemaking kits.

SPARKLETS BEER KITS

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4. A sachet of *liquid wine finings* (for quicker bottling and drinking and *faster repeat sales for you*).
5. Comprehensive *step-by-step instructions,* especially useful for the beginner.
6. Cost per bottle of only *17½p.*
7. Ingredient quality *guaranteed.*

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See your Sparklets rep or 'phone the Sparklets Sales Office on 01-807 5511.

SPARKLETS SALES OFFICE, THE BRITISH OXYGEN COMPANY LIMITED, ANGEL ROAD, LONDON, N.18.

Continued from p 279

We would be grateful if you would publish the contents of these letters, so that our fellow pharmacists are made aware of moves being made to ascertain changes occurring in the siting of general medical practitioners' surgeries. The letter is further positive ammunition for those of our leaders, who are attempting to obtain legislation to prevent the abhorrent tactic of leapfrogging.

We ask all pharmacists, therefore, to lobby their Executive Councils, so that all requests such as this, are referred to the Local Pharmaceutical Committee for appropriate action.

So far as we are aware, the Weston group have no pharmacies in this area.

D. Burt, *Asst. Secretary*
Cardiff Branch, Pharmaceutical Society;
A. J. McDermott, *Secretary*
Cardiff Branch, Pharmaceutical Society,
D. H. Maddock, *Secretary*
Cardiff & District Branch,
National Pharmaceutical Union

The letter signed by Mr J. M. Whittam, a director of R. Weston (Chemists) Ltd., states that the writer is constantly doing viability studies on existing businesses, existing shops and vacant sites, "where it is imperative that I know that the local GP's are settled and not anticipating a surgery removal to some other site, which will result in a considerable drop in potential business."

It asks where there are health centres on the Executive Council list, and how many GP's practice from each, and where negotiations are in hand for the provision of a health centre, "how many, and if possible, which practices of GP's anticipate moving into the centre; also the approximate date of transfer."

Contraception

May I congratulate you on the issue of *Chemist & Druggist* of July 22, I thought it was absolutely first-rate, comprehensive and very timely.

Like doctors, many chemists have been a step or two behind the general public in realising the need for efficient, readily available contraceptive advice and supplies. It's a sad reflection on both our professions that men's hairdressers in this country have probably done more to prevent unwanted pregnancies than the medical and pharmaceutical professions combined. I hope that, given your lead, all this is going to change.

G. Morris, MB, MRCS, *Secretary*
Doctors and Overpopulation
Group, London N10

No room for inhibitions

I would like to congratulate you on your informative articles on contraception.

Pharmacists owe it to society and the world at large to put their personal and old professional inhibitions in the drawer and bring out the contraceptives. Abortion is expensive economically, emotionally and in bed space.

Most of us entered pharmacy to alleviate suffering, and that is what contraception does. Many of us may find it difficult to imagine having a mother who did not want us and shows it, but it happens to many. Read reports from the NSPCC—these unloved, uncared - for - children are often social liabilities.

In our pharmacy we have displayed the excellent free FPA leaflets available from their Mortimer Street headquarters. We also have leaflets about the times of the local clinics.

We must press the drug companies concerned to make it possible for us to supply the "pill" at the same price as the clinics do. Sometimes a woman cannot get to the clinic when it's open.

But, fellow pharmacists, bring out those contraceptives. They are as necessary as sanitary towels and toilet paper — and please don't push them in drawers. Sex is a natural function and zero population growth a must!

Back payments

Mr E. E. Spencer (last week, p.241), asks why Scottish pharmacists are receiving back payments whereas those in England and Wales are not.

The retrospective payments to chemist-contractors in Scotland were made because there had been no increase in the professional fees in Scotland during the 4 years from September 1, 1968 until July 1, 1972, the period covered by the arbitration award.

During that period in England and Wales, the professional fee was increased on five occasions as follows:-

1968, September 1st (by ¾d per script); 1969, April 1 (by 1d per script); 1970, January 1 (by 1¾d per script); 1971, January 1 (by 6d per script); 1972, August 1 (by 2p per script).

The present NHS payments in England and Wales are based on a rate of return on capital employed of 16 per cent and a notional salary for the proprietor pharmacist of £3,120; the corresponding figures for Scotland are 12½ per cent on capital employed and a proprietor's notional salary of £3,000.

J. Wright, *Secretary*
Central NHS (Chemist
Contractors) Committee

Christmas Gifts 1972

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RECENT DEVELOPMENTS IN ANTIBIOTICS

By Brian Lynn, BPharm, MPS, head of medical information and services, Beecham pharmaceutical division

2: SEMISYNTHETIC ANTIBIOTICS

Penicillins

The relatively simple penicillin molecule has proved to be a veritable treasure-house of medicinally valuable compounds. The key was the availability as a chemical intermediate of 6-aminopenicillanic acid (6-APA) (61), which is shown in figure 5. This compound is the "nucleus" of all natural penicillins, which contain a side-chain group (R) in amide linkage at the 6-position (eg penicillin G, benzylpenicillin; penicillin N). The fundamental structural component of penicillins is the bicyclic β-lactam-thiazolidine moiety, with a carboxyl group at C-3. Its biogenetic origin involves the combination of L-cysteine and L-valine, with inversion of the optically active carbon atom of the latter to the D-configuration taking place during biosynthesis (62).

The physico-chemical properties and biological activities of the β-lactam antibiotics in relation to their structures have been extensively studied and reviewed (63-68). The intact β-lactam ring is essential for the antibacterial activity of penicillins (and cephalosporins), all derivatives lacking this feature being completely inactive. The importance of retaining the sulphur atom has also been demonstrated, though this may be oxidised to the sulphoxide or sulphone state without complete loss of activity. As we shall see when we consider the cephalosporins, however, the sulphur-containing ring may be modified whilst retaining good activity.

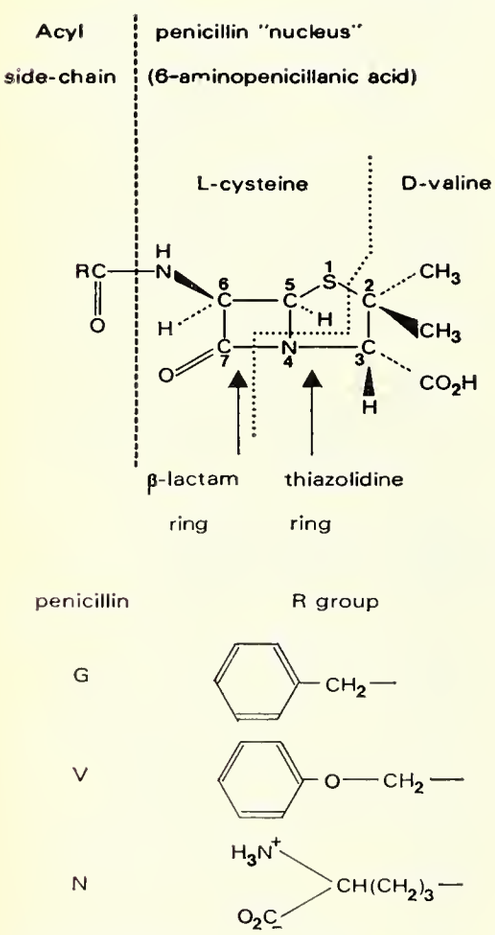

Figure 5. General structure of penicillins and side-chains of penicillins G and N (natural) and penicillin V (biosynthetic)

The free carboxyl group also seems to be necessary for full antibacterial activity. Esters are inactive and amides much less active than the free acid. Simple esters are also unsuitable as substrates for human esterases, though some of the more complex esters are hydrolysed in vivo to the parent compound, and the use of such derivatives is being assessed at several centres. Reports on the pivaloyloxymethyl ester of ampicillin (69) and the indanyl ester of carbenicillin (70) have recently appeared. Sodium and potassium salts of penicillins and cephalosporins are usually freely soluble in water, but amine salts, esters and the free acid forms of the monobasic antibiotics are generally more soluble in non-polar than in polar solvents. Penicillin and cephalosporin zwitterions, on the other hand, are slightly soluble in water or other polar solvents, and practically insoluble in non-polar solvents. Since the zwitterionic compounds (such as ampicillin and cephalexin) carry both ionic and non-polar groupings, they behave both as ions and as organic molecules, the dominant effect depending on structural and environmental factors.

Though penicillins with various types of side-chain have been prepared, useful biological activity appears virtually to be confined to compounds where the R substituent is an acylamino group—that is, to the "true" penicillins. It is probable that the antibiotic properties of penicillins are directly related to the lability of the β-lactam ring. The type and degree of antibacterial activity are, however, chiefly dependent upon the chemical nature of the acyl side-chain, which largely determines the hydrophilic/hydrophobic character of the compound as well as the overall spatial relationship of the molecule. Stability to acid and absorption from the gastro-intestinal tract also depend upon side-chain structure.

In the large-scale manufacture of semisynthetic penicillins, penicillin G is prepared by conventional mould fermentation and its side-chain is removed by means of an *E. coli* amidase, to give 6-APA. Derivatives are then prepared by reaction of 6-APA with an organic acid, acid chloride or acid anhydride under suitable conditions (71). Penicillins which could be obtained by traditional biosynthetic methods all had side-chains derived from mono-substituted acetic acids—for example, penicillins G and V (figure 5)—but compounds synthesised from 6-APA may have side-chains of virtually any chemical type.

The properties and usage of the semisynthetic penicillins have been comprehensively reviewed (72). The most interesting and valuable are those active against penicillinase-producing staphylococci and those with a broad antibacterial spectrum, in which greatly enhanced activity against Gram-negative bacilli is added to the typical penicillin activity against Gram-positive bacteria and Gram-negative cocci. Good Gram-negative activity apparently depends upon possession of a side-chain of sufficient polarity or hydrophilic character. This has been achieved by the introduction of a free amino group or carboxyl group at the α-position of benzylpenicillin (figure 6).

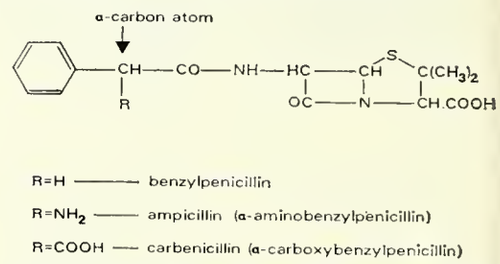

Figure 6. Comparative structures of benzylpenicillin (penicillin G) and the penicillins with enhanced Gram-negative activity

Ampicillin

Broadly speaking, ampicillin (D-(−)-α-aminobenzylpenicillin) (figure 6) is somewhat less active than benzylpenicillin against Gram-positive organisms (except *Strep. faecalis*), but substantially more active against Gram-negative bacteria, including *Haemophilus influenzae, Escherichia coli,* Salmonella and Shigella species, and non-penicillinase-producing *Proteus mirabilis,* but excluding *Pseudomonas aeruginosa* (73). Like benzylpenicillin, it is not active against penicillinase-producing staphylococci. The L-(+)-epimer has significantly lower activity. Ampicillin has the bactericidal mode of action common to all of the penicillins, which is due to prevention of cross-linkage between the peptide chains which are attached to polysaccharide strands in the murein component of the bacterial cell wall (65).

Because of the strongly electron-attracting nature of the α-substituent, ampicillin is a highly acid-stable compound, and hence suitable for oral administration. The effect of the highly polar NH_2 group is to counteract the electron displacements which normally take place in solutions of low pH and which lead to intramolecular rearrangements with the ultimate formation of the corresponding (inactive) penillic acid. The

Continued on p 284

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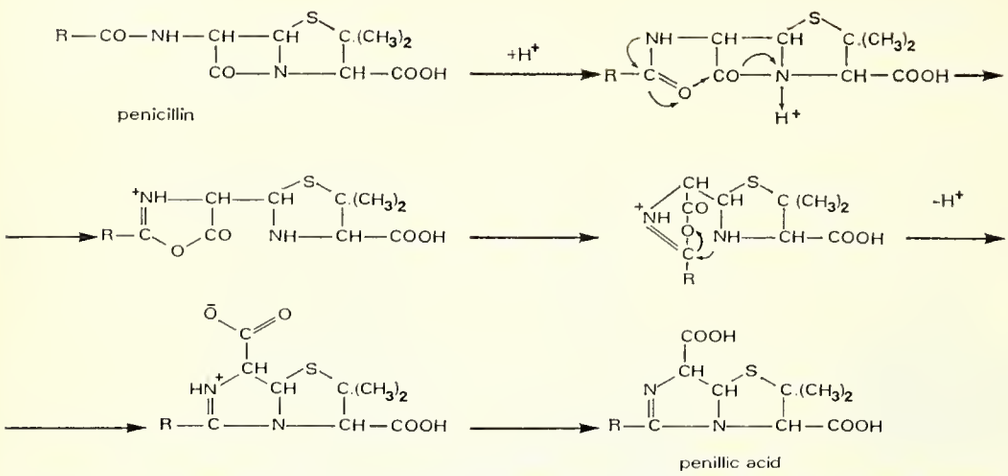

Figure 7. Acid-catalysed intramolecular rearrangement to inactive penillic acids

Continued from p. 282

latter sequence is outlined in figure 7. Ampicillin is used orally as the free acid and as the more soluble sodium salt by intramuscular or intravenous injection. Excretion is mainly renal, but high concentrations of active antibiotic also appear in the bile (72). Protein binding in plasma (about 18 per cent) is among the lowest of the available antibiotics.

Ampicillin has the lack of toxicity characteristic of penicillins (72). It is also generally well tolerated, though rashes (often not indicative of penicillin allergy) (74) and occasional gastro-intestinal disturbances may occur.

Ampicillin is now one of the most widely used antibiotics in the world. Its main applications are in the treatment of urinary tract infections and acute exacerbations of chronic bronchitis, though it has given good results in a wide variety of other infections (72), including chronic typhoid carriers, gonorrhoea, acute otitis media, biliary tract infections and, at high intravenous dosage, bacterial meningitis (75).

Preliminary communications on amoxycillin (α-amino-*p*-hydroxybenzylpenicillin, BRL 2333) indicate that peak serum levels are approximately double those of ampicillin after oral administration (76). The compounds are similar as regards both protein binding and antibacterial activity *in vitro* (77).

Carbenicillin

Carbenicillin (α-carboxybenzylpenicillin) (figure 6) also has activity against Gram-positive and Gram-negative bacteria (78), though it is on the whole less active than ampicillin against the majority of organisms. It is notable, however, as the first penicillin with useful activity against the "problem organism", *Pseudomonas aeruginosa*, the characteristics of which have already been discussed. It is also active against some strains of indole-positive Proteus which are insensitive to ampicillin.

This antibiotic is not stable to gastric acid, and it is used in the form of its disodium salt by intramuscular or intravenous injection (78). The sensitivity of Pseudomonas varies within wide limits and many strains require high concentrations of carbenicillin. In the treatment of serious systemic infections caused by this organism, it is therefore used at an adult dosage of 5 g six times a day by rapid intravenous infusion, with concurrent oral probenecid to delay excretion in patients with normal renal function. The introduction of this non-toxic agent was an event of great importance in this area of antibacterial chemotherapy, and it has been used successfully in various types of Pseudomonas infection (79). Its use with gentamicin has been mentioned previously.

Promising new anti-pseudomonal penicillins of three different types have recently been reported. These are the α-sulphoaminopenicillins (80), α-guanylureidopenicillin (BL-P1654) (81), and α-carboxy-3-thienylmethylpenicillin (BRL 2288) (82). This is obviously a rapidly developing area of research.

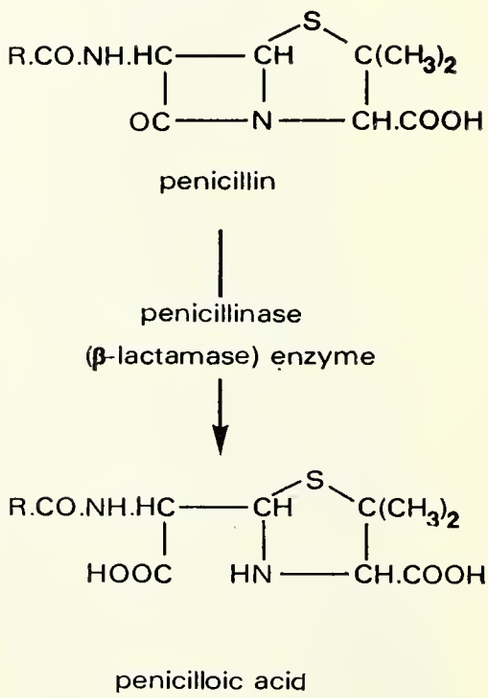

Figure 8. Hydrolysis of penicillin in the presence of a β-lactamase enzyme

Penicillinase-stable penicillins

Certain strains of *Staphylococcus aureus* produce a β-lactamase (penicillinase enzyme which, as shown in figure 8, promotes hydrolysis of the β-lactam ring of susceptible penicillins to give an inactive penicilloic acid. These strains were selected out in hospitals as penicillinase-negative strains were eradicated by penicillin, and within a decade had become predominant. Needless to say, they caused a serious therapeutic problem, especially as they were often resistant to other available antibiotics also.

It has been shown that the introduction of a sterically-hindered side-chain provides compounds with stability to staphylococcal penicillinase, probably by interfering with attachment of the molecule to the active site of the enzyme (63-68). Particular success has been obtained with side-chains derived from aromatic or heterocyclic carboxylic acids substituted in both ortho positions. With six-membered rings almost any pair of ortho substituents confers marked stability to the enzyme, but with five-membered rings at least one of the substituents needs to be relatively bulky (63, 68). A high degree of penicillinase stability, combined with other requirements for clinical use, was first achieved with 2, 6-dimethoxyphenylpenicillin (methicillin) (fig 9).

Methicillin is bactericidal to both penicillin-sensitive and penicillinase-producing strains of *Staph. aureus* (83). It is acid labile and is therefore administered only by intramuscular or intravenous routes (as the sodium salt). It quickly proved itself to be an extremely effective antibiotic in life-threatening penicillin-resistant staphylococcal infections (72). Staphylococci resistant to methicillin do occur, but the resistance is not penicillinase mediated.

Continued research into improved penicillinase stable compounds resulted in development of the series of 3, 5-disubstituted 4-isoxazolylpenicillins, whose structures are summarised in figure 9. Members of this group are now usually regarded as the standard agents for the treatment of penicillin-resistant staphylococcal infections. They have good stability both to β-lactamase and to acid and significantly higher antibacterial activity than methicillin (though they are also more protein-bound in serum) (72). They may be administered orally, intramuscularly or intravenously in the form of their sodium salts. All of the isoxazolyl penicillins are very well, though somewhat variably, absorbed orally. As with other oral penicillins, however, doses should be taken at least half-an-hour before meals to achieve optimum absorption. Methicillin-resistant staphylococci are also resistant to the isoxazolyl penicillins.

Individual antibacterial activity does not differ significantly within the group, so the compounds have been assessed pharmacologically (84, 85). Oxacillin (3-phenyl - 5 - methyl-4-isoxazolylpenicillin), used in the USA, is absorbed after oral administration only half as well as cloxacillin (3-*o*-chlorophenyl-5-methyl-4-isoxazolylpenicillin), without having compensating advantages (84). Dicloxacillin (3[2, 6 - dichlorophenyl]- 5 - methyl - 4 - isoxazolylpenicillin), on the other hand, is absorbed about twice as well as cloxacillin, but its higher serum levels are offset by a higher degree of protein-binding. It has been found that flucloxacillin (3-[2-chloro - 6 - fluorophenyl]-5 - methyl - 4 - isoxazolylpenicillin) has the most favourable properties of the series (85). Orally it gives peak serum concentrations approximately double those of cloxacillin,

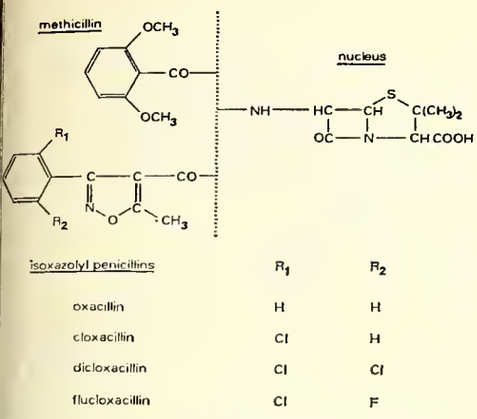

Figure 9. Penicillinase-stable penicillins

and, since it is protein-bound to a similar extent, these result in significantly higher free levels.

Cephalosporins

The story of this interesting group of compounds began as long ago as 1945, when an antibiotic-producing species of Cephalosporium was isolated from the sea near a sewage outfall off the coast of Sardinia. This fungus was later shown to form a mixture of antibiotics of three main types: the cephalosporin P group of steroids, already referred to; cephalosporin N, later found to be a penicillin; and cephalosporin C, which incorporated a novel, penicillin-like ring system. These developments have been reviewed (86).

Cephalosporin C, shown in figure 10, is the parent compound of what we now think of as the "true" cephalosporins, the first of which did not come into widespread clinical use until nearly 20 years after the original observation. It can be seen that in the cephalosporin "nucleus", 7-aminocephalosporanic acid (7-ACA), the five-membered thiazolidine ring of penicillins has been expanded to a six-membered dihydrothiazine ring without destroying antibacterial activity, though it is noteworthy that the carboxyl group is retained. The methyl groups in position 2 of penicillins have been replaced by hydrogens.

Cephalosporin C has a 3-acetoxy group

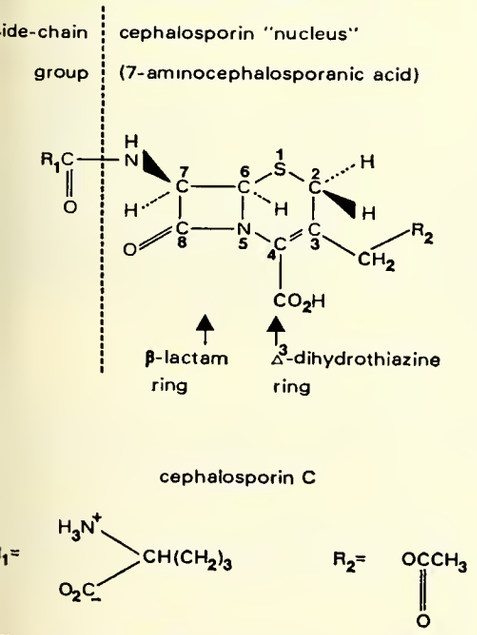

Figure 10. General structure of cephalosporins and of cephalosporin C

and a δ-(D-α-aminoadipoyl) side-chain. Its antibacterial activity is low but, interestingly, is of a similar order against both Gram-positive and Gram-negative bacteria and also extends to penicillinase-producing strains of *Staph. aureus*. The properties of activity against certain Gram-negative bacilli and against penicillinase-producing staphylococci are also present in its derivatives. It is likely that the stability of cephalosporins to staphylococcal β-lactamase depends more upon the geometry of their nucleus (such as the different spatial positions of the carboxyl groups in 6-APA and 7-ACA and the relative positions of other atoms), than on the character of the side-chain. It appears, however, that the nature of the grouping at C-3 may play an important part in influencing interaction with the enzyme (87).

Despite extensive screening, an enzyme suitable for removing the δ-(D-α-aminoadipoyl) side-chain of cephalosporin C has not yet been discovered. However, a chemical process has been developed for its removal (88), giving 7-ACA in good yield. A ring expansion reaction for the conversion of penicillins to cephalosporins is also of interest (89), and is apparently now in industrial use.

Cephalothin and Cephaloridine

Cephalothin, 7-(thiophene-2-acetamido)-cephalosporanic acid, supplied as the sodium salt, and cephaloridine, 7-(2-thienyl) acetamido-3-(1-pyridylmethyl)-3-cephem-4-carboxylic acid betaine, an internal salt, are both injectable derivatives of cephalosporin C. They have identical side-chains at C-7, but the C-3 acetoxymethyl group of cephalothin is replaced in cephaloridine by a 1-pyridylmethyl group (see figure 11).

Their range of antibacterial activity is similar. Both are active against penicillin-sensitive and penicillinase-producing *Staph. aureus*, β-haemolytic streptococci and pneumococci, cephaloridine rather more so than cephalothin (90). On the other hand, cephaloridine shows a marked inoculum effect with penicillinase-producing staphylococci (90-92), suggesting only moderate stability to the β-lactamase enzyme. Cephalothin might therefore be preferable for serious infections caused by this organism (92). Their activity against *Strep. faecalis* and *H. influenzae* is rather low (90). Cephalothin is the more active against Neisseriae (90).

Both agents have useful activity against *E. coli*, Salmonella, Shigella, *Pr. mirabilis* (irrespective of β-lactamase production), *Klebsiella pneumoniae* and, to a variable extent, *Klebsiella aerogenes* (90). Indole-positive Proteus (*vulgaris, rettgeri, morganii*) are usually resistant, as are *Enterobacter aerogenes* and *Ps. aeruginosa*. Methicillin-resistant staphylococci are also resistant to the cephalosporins. The latter are bactericidal and probably act in the same way as penicillins.

Intramuscular injections of cephaloridine are less painful than those of cephalothin, and it also produces higher serum levels (93). It is noteworthy that cephaloridine concentrations persist for at least 6 hours after injection, whereas those of cephalothin decline to low levels

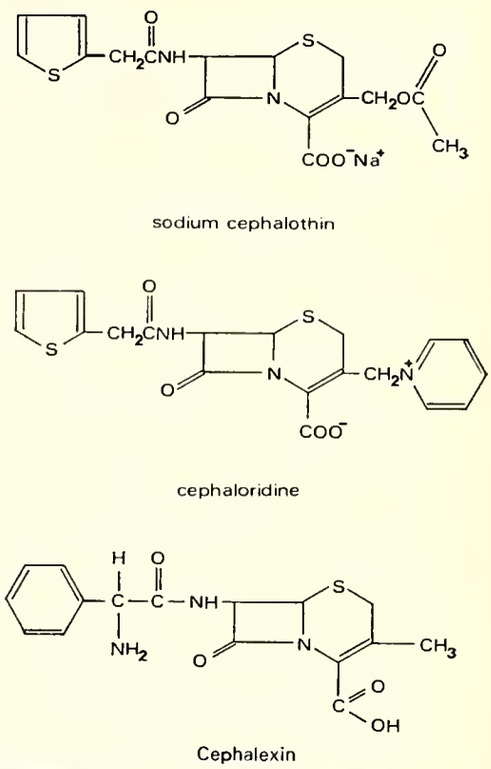

Figure 11. Structures of cephalosporins

at 4 hours. These differences are due to the greater stability of cephaloridine in the body and to its slower renal clearance (94, 95). Whereas cephaloridine is excreted in unchanged form, cephalothin is partly metabolised in the liver to the considerably less active desacetyl derivative. Cephaloridine is less protein-bound in serum (96).

Excretion of both agents is mainly renal, though the proportions excreted by glomerular and tubular routes differ between the two. Cephaloridine is excreted mainly by glomerular filtration, whereas cephalothin is eliminated largely by tubular secretion. Despite severe impairment of creatinine clearance, there is little accumulation of cephalothin (97). In contrast, the half-life of cephaloridine becomes more and more prolonged as creatinine clearance decreases below 20 ml/min. (94).

Cephaloridine may cause renal tubular necrosis, but probably only when given in a dosage higher than that recommended, or where kidney function is already impaired (98). The potential nephrotoxicity of cephaloridine is enhanced by concurrent administration of potent diuretics, particularly frusemide. Dosage should be restricted in azotaemic patients. Cephalothin is less prone to produce this effect (99).

In summary, cephalothin and cephaloridine are useful antibiotics, which have been employed with success in a range of infections, including those of the urinary tract (100). Whether cephalosporins may safely be given to patients hypersensitive to penicillins is uncertain. It has been found that immunisation of rabbits with protein conjugates of cephaloridine or sodium cephalothin stimulates the production of antibodies with a high degree of cross-reaction with the benzylpenicilloyl determinant group (101).

Cross allergenicity between benzyl-

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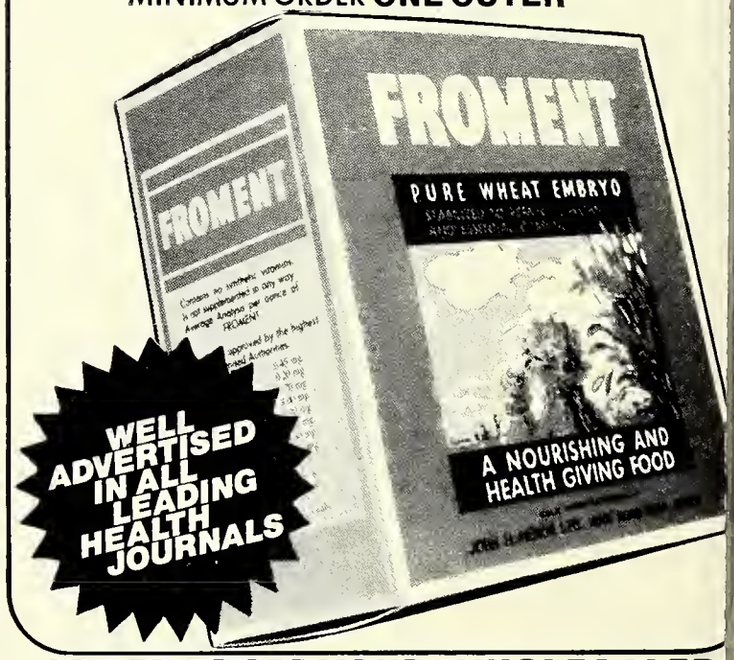

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penicillin and sodium cephalothin was noted in a large proportion of patients receiving one or other of these antibiotics intravenously (102). Reaginic antibodies to cephalosporins were demonstrated in the sera of approximately one third of 36 patients allergic to benzylpenicillin (103). Moreover, there have been a number of reports of anaphylactic reactions to an initial injection of cephalothin in patients with a history of hypersensitivity to penicillin (104, 105).

Cephalexin

Unlike the foregoing compounds, cephalexin, 7-(D-α-amino-α-phenylacetamido)-3-methyl-3-cephem-4-carboxylic acid, is very well absorbed from the alimentary tract (96, 106-108). Its side-chain (figure 11) is the same as that of ampicillin. It is zwitterionic and exists essentially as an inner salt at pH 3-8.

Cephalexin has a similar antibacterial range to those of cephalothin and cephaloridine, but with significantly lower activity against most species (96, 106-108). It is, however, bound to plasma protein to a relatively small extent (96). Penicillin-resistant staphylococci vary quite widely in sensitivity (107), and there may be an inoculum effect with staphylococci and Gram-negative bacilli (106).

This agent is rapidly excreted in unchanged form in the urine: urinary recovery averages 80 per cent or more in 6-8 hours (96, 106-108). Excretion can be delayed and serum levels enhanced by the use of probenecid (107, 108). Serum half-life is prolonged in patients with reduced creatinine clearance (106) and dosage frequency may be modified in severely azotaemic patients. It appears to be a non-toxic compound. Side-effects have included nausea and rashes, both in about 1 per cent of patients, and diarrhoea in about 2 per cent, though a higher proportion of adverse effects has been reported by some workers (109).

Cephalexin has been introduced comparatively recently and its place is not yet clear. The main area of application would seem to be in urinary tract infections (96, 106). It has apparently also given promising results in bronchitis, despite indifferent activity against *H. influenzae*, and in ear and throat infections. Lack of a parenteral dosage form may limit its use in serious infections, except as continuation therapy after an injectable cephalosporin.

Rifamycins

Streptomyces mediterranei, isolated during the course of a large soil-screening programme, was found to produce a fermentation broth with activity against Gram-positive bacteria and *Mycobacterium tuberculosis* (110, 111). Paper chromatography indicated that the crude active product was a mixture of five antibiotic substances, given the designations A, B, C, D, and E. Rifamycin B was obtained in a stable, crystalline form (111). The structures of rifamycin B and its most important derivatives can be seen in figure 12. They contain a chromophoric naphthohydroquinone group spanned by a long aliphatic bridge, a structure which differs from that of other known antibiotics (111).

It was subsequently discovered that the activity of rifamycin B depends upon rapid conversion to rifamycin S (112), and rifamycin SV, the reduction product of rifamycin S, proved to have suitable properties for therapeutic use. It was also shown that substitution of the free carboxyl group of the inactive rifamycin B produces compounds with good antimicrobial activity. Of the series investigated, rifamycin B diethylamide (rifamide) was selected as the most promising derivative (113).

Both rifamycin SV and rifamide show low oral absorption and must be given by injection. Further modified rifamycins were therefore screened in an attempt to increase oral absorption whilst maintaining or enhancing antibacterial activity, particularly against Gram-negative organisms. The starting material was 3-formyl rifamycin SV, from which a series of new rifamycins were prepared (114). One which

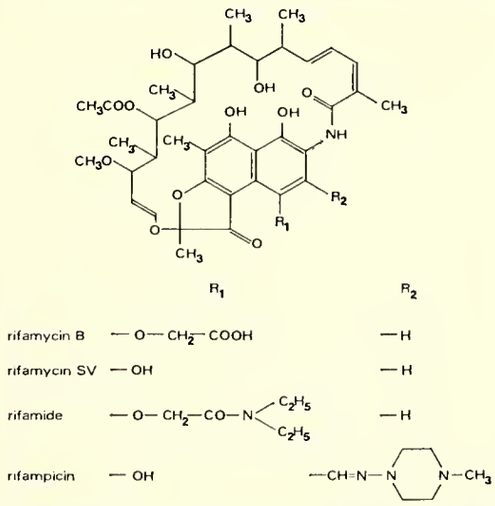

Figure 12. Structures of rifamycin B and its clinically used derivatives

showed a desirable combination of properties was 3-(4-methyl-piperazinyl-iminomethyl) rifamycin SV, given the name rifampicin.

Antibacterial properties. The rifamycins are a bactericidal group of antibiotics, and although their mode of action has not yet been fully elucidated, they have been shown to inhibit DNA-dependent RNA polymerase in bacteria by direct interaction with the enzyme (115, 116): mammalian RNA polymerase is affected only at much higher concentrations. This action differs from that of other known antibiotics.

Both rifamycin SV and rifamide have good activity against Gram-positive organisms (with the exception of most strains of Strep. faecalis) and against *Mycobacterium tuberculosis*, though very much higher concentrations are needed for Gram-negative bacilli (112, 117, 118). Cross-resistance with other antibiotics is absent. Rifampicin has greater activity against both Gram-positive and Gram-negative organisms (119, 120), coupled with good activity against mycobacteria (118). Rifampicin has also been shown to inhibit the trachoma agent (121) and DNA viruses such as poxviruses and adenoviruses (122). It is not yet clear whether the antiviral effect will have clinical application, as it takes place only at relatively high concentrations. The drug does not inhibit RNA viruses. The mechanism of its antiviral action is receiving intensive study (122). The use of rifampicin in leprosy seems to warrant further investigation (123). In addition, it has very recently been suggested that rifampicin may have immunosuppressant properties (124).

Staphylococcal resistance to rifampicin may emerge rather readily (120). Moreover, as might be expected, highly resistant mutants of *M. tuberculosis* have been isolated during the clinical use of the drug (125), indicating that it will need to be used in combination in the same way as other antitubercular agents.

Pharmacology and toxicology. Both rifamycin SV and rifamide have to be given by injection. They are eliminated mainly via the bile, with relatively small quantities appearing in the urine (112, 117, 126). High concentrations are found in the faeces. Rifampicin is well absorbed after oral administration, though peak levels are diminished if it is given after food (40). Here again, there is high biliary excretion, though significant amounts also appear in the urine (40). Rifampicin is about 85 per cent bound to serum protein. With each of the three compounds a certain amount of enterohepatic circulation takes place. In addition, a saturation limit to hepatic excretion is reached with higher dosage. Both hepatocellular disease and biliary obstruction impede excretion by this route (40, 112).

The rifamycins are generally regarded as non-toxic antibiotics (40, 112, 117). There have, however, been reports of jaundice in patients receiving rifampicin with isoniazid for the treatment of pulmonary tuberculosis (127). When hepatic function is initially normal, the jaundice may clear without interruption of treatment, but it seems preferable to avoid rifampicin in patients with pre-existing liver damage. Thrombocytopenia and a pyrexial syndrome have also occurred during rifampicin combination therapy in tuberculosis (128).

Clinical usage. Rifamycin SV and rifamide have given good results in a variety of infections, including osteomyelitis, bronchopulmonary infections, skin and soft tissue infections and those of the hepatobiliary tract (112, 129). They have been used primarily in staphylococcal infections, and may find particular application against strains resistant to other agents and in penicillin-sensitive patients. It seems advisable to use them in conjunction with a second antibiotic, to prevent the emergence of bacterial resistance. It is likely that rifampicin will be reserved for the treatment of tuberculosis, in which it seems very effective (130).

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MARKET NEWS

Many vitamins dearer

London, August 16: Most of the vitamins were advanced in price during the week although an important exception was provided by thiamine which was substantially lower. The new rates are given below.

Demand for crude drugs and essential oils was again quiet although the dock strike is now nearly three weeks old. The comments made in this column last week regarding oils still apply.

Dearer among botanicals were Cape aloes for shipment and balsam Peru, lemonpeel and Styrax in both forward and spot. Holders of cascara raised their prices in view of a nominal position at origin.

Brazilian prices continue to firm for peppermint oil and menthol. London rates are currently more advantageous to buyers.

Dearer among essential oils were anise and citronella. Madagascar clove leaf was easier for shipment.

There has been a considerable movement in the quotations for olive oil.

Pharmaceutical chemicals

Acetomenaphthone: 100-kg lots £5·62½ kg.
Ascorbic acid: £2·54 kg; 5-kg £2·51 kg; sodium ascorbate plus £0·23; coated plus £0·10.
Benzamine lactate: 1-5-kg lots, £95. kg.
Calcium pantothenate: £3·16 kg; 5-kg £3·13 kg.
Cyanocobalamin: up to 200-g lots £2 per g.
Dextromethorphan: Hydrobromide £98.80 kg; 5 kg £98·70 kg.
Folic acid: 5-kg lots £18·65 kg.
Hydroxocobalamin: £5·25 per g.
Nicotinamide: (Per kg) 1-kg £2·45; 5-kg £2·42.
Nicotinic acid: (Per kg) 1 kg £2·20; 50-kg £2·17.
DPanthenol: £9 kg; 5-kg £8·50 kg.
Phenobarbitone: 50-kg lots £2·20 per kg; sodium £2·40.
Pyridoxine: £4·93 kg; 5-kg £4·90.
Riboflavine: £14·17 kg; 5-kg lots £14·14 kg.
Thiamine: Hydrochloride £6·20 kg; 5-kg £6·17 kg; 25-kg £6·10.
Vitamin A: Oily 1 m iu per g £6·68 kg; 5 kg £6·58 kg; dried acetate 325,000 iu per g £3·48 kg; 500,000 iu, £4·55.
Vitamin D_2: Powder for tableting 850,000 iu per g, £17·88 kg; 5-kg £17·78 kg.
Vitamin E: (per kg) £6·95; 5-kg lots £6·92.

Crude drugs

Aloes: (metric ton) Cape primes £280 spot; £255 cif. Curaçao £775 spot; £725, cif.
Balsams: (lb) Canada: £2·05 spot; shipment £1·95 cif. **Copaiba:** BPC £1·25, Para £0·40. **Peru:** £1·15 £1·50, cif. **Tolu:** BP £0·70.
Cascara: Spot £450 metric ton; no cif offers.
Ginger: (ton) Cochin £240, cif. Jamaican No. 3 £1,050 spot; £850 cif. Nigerian split £210 spot, £185, cif; peeled £310 spot; £285, cif. Sierra Leone, nominal.
Lemon peel: Spot £260 metric ton; £240, cif.
Menthol: (kg) Chinese spot not quoted; shipment £6·28, cif. Brazilian spot £3·85, afloat £3·80, £3·75 cif, August-September.
Pepper: (ton) Sarawak black £380 spot; £337·50, cif; white £492·50, cif.
Podophyllum: Emodi £370 metric ton cif.
Styrax: £2·35 lb spot.

Essential and expressed oils

Almond: Drum lots £0·68 kg.
Amber: Rectified spot £0·29 kg.
Anise: Chinese £1·50 kg spot; £1·45 cif.
Citronella: Ceylon spot £1·07 kg; forward unquoted. Chinese £1·20 spot; £1·10, cif.
Clove: Madagascar leaf £1·20 kg; £1·12, cif. English distilled bud £17·60. Stem £5·50 kg, cif.
Lemongrass: £2·10 kg spot; £1·80, cif.
Olive: £430-£450 long ton, cif; Tunisian £405-£415, cif. Spot duty paid £490 subject to availability.

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(To be concluded

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CHEMIST & DRUGGIST

113th year of publication Vol. 198 No. 4824 The newsweekly for pharmacy

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Editor Arthur Wright, FPS, DBA

Deputy Editor R. E. Salmon, MPS

Markets Editor W. S. Bowman, MPS, MIPharmM

News Editor Charles Ward

Technical Editor P. J. Merry, BSc, MPS

Beauty Products Editor Hélène de Klerk

Information Services I. H. Cotgrove

Price List Mary Mackintosh

Advertisement Manager James Lear

Advertisement Executives
J. Foster-Firth, MPS
John C. Jackson

Production K. Harman

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25 New Street Square, London EC4A 3JA
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Subscription Department,
Lyon Tower, 125 High Street,
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Midlands office
240-244 Stratford Road,
Shirley, Solihull, Warwicks
021-744 4427

Scottish office
74 Drymen Road,
Bearsden, Glasgow
041-942 2315

North-east office
Permanent House
The Headrow, Leeds LS1 8DF
Leeds 22841

North-west office
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Contents ©

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A Benn Group Journal

Mr Stanley Blum will explain why the Socialist Medical Association wants retail pharmacy nationalised (see p 297)

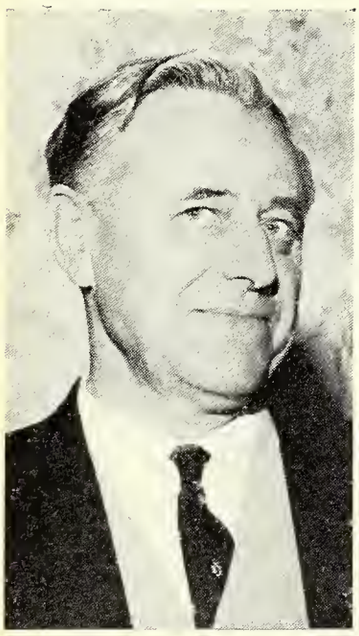
UCA secretary shot at his Belfast home

Mr C. S. Ritchie, MPSNI, secretary of the Ulster Chemists' Association, was seriously ill in hospital on Wednesday after being shot at his Belfast home on Tuesday night.

It is understood that Mr Ritchie was advised by his wife not to answer a knock on the door—and that gunmen shot at him through the door. He received a number of bullet wounds in the leg, and underwent an operation at the Royal Victoria Hospital.

The shooting is believed to be a case of "mistaken identity".

Mr C. S. Ritchie



Irish explosives order in force

The Irish government has introduced an Order entitled the Explosives (Ammonium Nitrate and Sodium Chlorate) Order, 1972, which declares sodium chlorate, ammonium nitrate and substances containing a high proportion of ammonium nitrate to be explosives within the meaning of the Explosives' Act, 1875, thus rendering them subject to the controls operated under that Act. The Order came into effect on August 10.

In an explanatory note it is stated that the substances specified appear to the government to be specially dangerous to life and property by reason of their explosive properties.

Affected substances are: Ammonium nitrate; any mixture, including a fertiliser, which contains ammonium nitrate and in which any part of the nitrate fraction having a chemically-determined ammonium equivalent, constitutes, together with that equivalent, more than 79 per cent by weight of the said mixture; any mixture of the type specified above, in which the content of combustible material is greater than 0.4 per cent by weight; sodium chlorate.

Gardai visited a number of pharmacies and hardware shops in search of the proscribed substances but a spokesman for the Pharmaceutical Society of Ireland stated that the Order would have little effect on pharmacists who exercised strict control over the sale of all such substances.

Appeals for a pharmacy

Too many people have a vague notion that the pharmaceutical service is subsidised by the State, says Mr P. E. Taylor, press officer, North Staffs branch of the Pharmaceutical Society, in a letter to the *Evening Sentinel*.

The letter, published recently, was replying to a correspondent who had appealed on behalf of residents for a pharmacy to replace one that closed.

Mr Taylor said National Health dispensing did not provide the pharmacist with enough income. The public might have to lose the pharmacist's service because of supermarkets and mail order firms. The problem was concerning the Pharmaceutical Society and it was hoped that a solution, to which the Government could contribute, would be found.

And in Wolverhampton a petition carrying 700 signatures (including the names of three councillors of the North Bushbury ward and "most of the community") asking for a pharmacy, has been forwarded to the town council.

At the opening of the Wellcome Folklore exhibition in Berkhamsted (see story this page) the artist, Mr Philip Moon (left); the chief librarian, Miss Mellish, manager of the Wellcome UK medical division, Mr W. L. Jeffrey, FPS, and senior medical adviser to the division, Dr W. J. C. Currie

Information gap on otc products

Lack of any comprehensive information about products that might be included in the general sale list has hampered the subcommittee of the Medicines Commission studying the subject, states the annual report of the Commission for 1971 (HM Stationery Office, price £0·08).

The report adds that particulars about preparations which maufacturers thought should be distributed otherwise than exclusively through registered pharmacies came in slowly at first—just over 1,000 in the first half of the year. A publicity campaign by the Commission later led to the receipt of a further 8,000 preparations by the end of the year.

Licensing had been running only for four months by the end of 1971 but the Commission was pleased that the change from voluntary submissions went "smoothly". The change was facilitated by the fact that the membership of the old and new committees during the transition was identical, the report adds.

Health centre warnings

The special need for pharmacists to be warned of impending health centre development, is recognised in a Department of Health letter.

Local authorities are warned that it is important therefore to notify Executive Councils of any health centre proposal, "however tentative," so that practitioners can consider the implications.

'Folklore in medicine' exhibition

The move of the Wellcome medical division to Berkhamsted, Herts, is marked by an exhibition of 30 paintings depicting folklore remedies which was opened in the town last week (picture above).

Berkhamsted is now the headquarters of the two largest UK sales divisions of the Wellcome Foundation Ltd, the medical division and the veterinary and agricultural division.

The company request that inquiries be directed to Berkhamsted but that orders should go to Dartford as before.

It is the first time that the paintings, by Mr Philip Moon, have been on display to the public. They will remain on show in Berkhamsted library until September 5. The illustrations have previously been used in Wellcome calendars and literature. This collection shows folklore remedies from different parts of the British Isles.

A similar group were on display to doctors at the British Medical Association's headquarters earlier in the year.

'Nationalise chemists': SMA open debate

Pharmacists will have an opportunity to express their views on nationalisation of retail pharmacy and the drug industry, when the Socialist Medical Association holds an open meeting at the House of Commons on November 15.

The SMA's annual conference recently recommended "the taking into public ownership of all general practitioner pharmacy by combining all the pharmacies in an area into a health centre (or polyclinic) and placing them under local community administration and responsibility".

The case for public ownership of retail pharmacy will be put to the November meeting by Mr Stanley Blum, secretary of the SMA's working party on the NHS and a former member of the Pharmaceutical Society's Council.

Achieving 'a proper pattern'

Mr Blum told *C&D* on Tuesday that he believes public ownership is necessary to achieve a proper pattern of planned pharmaceutical distribution. Pharmacists are not getting a fair return for their labours or their training, he said, and a "salaried" basis of payment is the only answer. At present it is "survival of the fittest".

Speaking on "Pharmacy in an integrated NHS" will be Mr J. P. Kerr, president of the Pharmaceutical Society. Not an SMA member, Mr Kerr said he was willing to speak to any political group when he could get the ear of MPs.

Terrific cost

While understanding the objects of those who would nationalise retail pharmacy, Mr Kerr said he could see neither the practicability nor the desirability of it. The cost would be terrific, he maintained, and there would be difficulty in maintaining the same stock standards throughout the country — as would be demanded from a nationalised service. It would mean the maintenance of every drug in every pharmacy.

The SMA meeting will also be addressed by Mr Bob Edwards, MP, general secretary of the Chemical Workers Union, on "The public ownership of the drug industry", and by Dr D. Stark Murray on "The need for a democratic integrated NHS". Chairman is Mr Eric Ogden, MP.

It was also learned this week that further inquiries into nationalisation are under way or planned.

The Public Enterprise Group has recently set up a project group to look specifically at the pharmaceutical industry; an interim report is expected in the autumn and will probably state a view on the current organisation of the industry. The PEG is an independent organisation, sponsored by trade union leaders and MPs, which carries out studies on industries which are "likely candidates" for nationalisation. Results are sent to the Labour Party and other interested parties.

The Labour Party itself is also under pressure to set up a working party to study the industry, and Mr Blum believes that the SMA's view stands "a very good chance" of becoming Party policy.

NPU writes to Chancellor

In a letter to the Chancellor of the Exchequer, Mr Anthony Barber, the National Pharmaceutical Union point out that the transitional arrangements proposed by the Government will be insufficient to protect the retailers against losses because of double taxation when VAT replaces purchase tax next year.

Drawing attention to the NPU recommendation to its members to run their stocks down to the lowest practicable levels, in order to avoid undue purchase tax losses (last week p 253), it emphasises that there will be widespread disruption in trading during the next six months.

The letter concludes: "There would appear to be time still for the Government to change its mind" and the hope is expressed that it will do so.

No matter where a woman is going or what weather she is likely to encounter she worries about her hair—or so it appears. Before setting off from Haywards Heath, Sussex, with her husband on a 14-month yacht trip to New Zealand, Mrs T. G. Coleman telephoned Shulton (GB) Ltd for a supply of Breck shampoos and conditioners. Picture shows Bidham lock-keeper Mr J. Nicholls presenting the gift at the start of the voyage

Pharmacist's idea for safer medication

If barbiturate products contained a small quantity of an emetic and the emetic was preferentially absorbed, lives could be saved when overdoses were taken. That idea arising from investigations carried out by Mr Angus Grant, a Southend retail pharmacist, has led on to an application for a patent and a provisional specification.

Following the application Mr Grant recently signed an agreement with Beecham Group Ltd enabling the company to have sight of the patent to determine its interest.

Mr Grant envisages that this type of formulation might also be used in aspirin and amphetamine products and other drugs which might be abused.

The emetic would have a priority role over the other drug but the latter's release from the dosage form need only be marginally delayed. Mr Grant suggests that formulations could be developed to achieve that end.

Not noticeable

Under normal conditions the presence of the emetic would not be noticed by the patient. It would be a matter of defining the correct quantity to be used in relation to the toxicity of the main drug, taking into consideration individual patient responses, he told *C&D*.

Possible methods of achieving such formulations might involve differing particle sizes for the drug and emetic. Granules of both with differing release rates might be enclosed in gelatin capsules or alternatively, an insoluble or semi-soluble matrix might be used to hold the drug in a tablet formulation whilst the emetic was being absorbed.

Optimistic

Mr Grant has not yet determined which emetic might be used but he is optimistic of finding an effective one. It will be a matter of its relative chronic toxicity, he says, pointing out that research into emetics has been largely ignored since the invention of the stomach pumps 100 years ago.

Inquiries about the provisional patent have also been received from the Wellcome Foundation Ltd and other manufacturers. It is anticipated that considerably more research will have to be done before such a product is generally available.

Medicines Act controls on 'representation'

From September 1, pharmacists will be able to recommend medicines only for indications for which the product is licensed. Any oral or other representation of "unauthorised recommendations" will constitute an offence under the Medicines Act.

That is one effect of the Medicines Act 1968 (Commencement No 2) Order 1972 (HM Stationery Office, price £0·03) under which the Health and Agriculture Ministers of the UK have appointed September 1 for the coming into operation of Sections 85(5), 86(3), 93 and 97 of the Act.

Provisions

The Order's provisions elaborate and extend—and will in due course replace—existing provisions in the Food and Drugs Acts relating to misleading labelling and advertisements in respect of drugs.

Section 85(5) prohibits sale or supply, or possession for the purpose of sale and supply, of medicinal products that are either falsely or misleadingly labelled.

Section 86(3) prohibits the supply of false or misleading package leaflets with a medicinal product, or possession of such leaflets for the purpose of supply.

Section 93 prohibits the issue of false or misleading advertisements or the making of false or misleading representations about medical products to practitioners, to patients, or to members of the public for the purpose of inducing them to ask a practitioner or retailer for the product in question.

Advertising

It also prohibits advertising or oral representations giving "unauthorised recommendations"—ie if the product licence for a drug specifies its use for treating a particular ailment, the drug must not be promoted for other uses.

Section 93 also contains a number of defences which a person or company charged under this section shall be required to prove—for example, ignorance, or the issue of an advertisement in good faith by advertising agencies in accordance with the information received from the commercially interested party.

Other defences in the Act deal with the contraventions that are due to the default of a person other than the one who has technically committed the offence.

Section 97 empowers the licensing authority (the Health and Agriculture Ministers) to demand copies of advertisements or data sheets relating to medicinal products.

Both the Food and Drugs Acts and the Medicines Act provisions will be in force until it is possible for the references to medicines contained in the Food and Drugs Acts to be repealed.

Penalties vary from section to section, but the Medicines Act provides that for some offences magistrates could impose a fine of up to £400 on summary conviction, while for conviction in indictment the penalties can be imprisonment for up to two years, or a fine up to £400, or both.

Exemptions for dispensing

One other Statutory Instrument, effective September 1, has been published under the Medicines Act.

The Medicines (Exemption from Licences) (Special Cases and Miscellaneous Provisions) Order 1922, extends the provisions of the Act and Regulations in respect of dispensed medicines.

The Act exempts practitioners and pharmacists from certain licensing requirements of the medicinal product to be administered to a particular patient. This Order provides for procuring the manufacture of stocks of certain medicinal products by practitioners and pharmacists for administration to one or more patients without the need of a product licence.

There is also an exemption to doctors or dentists in respect of prescriptions for their patients or, additionally, if they work in a group, for patients of other practitioners in the group.

A similar exemption is granted to veterinary surgeons. Where the medicines are "procured", the products must be manufactured by a holder of a manufacturer's licence.

Consumer health magazine for chemists to sell

Sterling Health Products are to start selling their quarterly health magazine, *You and Your Health,* through chemists.

The launch is on September 1, and the magazine—cover price £0·15—will be distributed by the company's representatives on the normal calls.

You and Your Health was introduced by Sterling Health Products in September 1969 for placement in doctors' waiting rooms. It is claimed already to have a "majority endorsement" from doctors — about 18,000 put a copy of the first issue in their waiting rooms.

Contents of the magazine, while being health-orientated (the autumn issue carries features on the story of vitamin C, on coping with childhood infections and on planning for a long life) are also aimed at reinforcing the professional image of the chemist.

"Scientist in the High Street —Your chemist and you," also in the autumn issue, outlines the role played by the pharmacist, "emphasising such aspects as his need for meticulous accuracy and for familiarity with the 7,000 or more medicines officially entered in the Poisons List, and his role as advisor on medicines for everyday ailments."

Sterling Health Products believe this is the first time a "family" magazine has been offered for sale exclusively in chemist outlets. In publishing terms, it equates with the distribution through grocers of the best-selling *Family Circle,* they say.

Placements in doctors' waiting rooms will continue to ensure maximum sampling.

More animal experiments

A total of 5,607,435 experiments on living animals were carried out during 1971, over 26,000 more than in 1970.

No specific total of the number related to drug testing is stated in the annual return (HM Stationery Office, price £0·08), but 1,300,844 experiments were mandatory tests of standardisation required by the Therapeutic Substances Act and the Diseases of Animals Act.

Cancer investigations accounted for 403,515 experiments.

COMPANY NEWS

Weston may buy Welsh company

It was disclosed on Monday that Bertram Griffiths Ltd, the Cardiff wholesalers, have been having talks which could lead to a bid from Weston Pharmaceutical Ltd. The shares of Griffiths, a public company, had been the subject of speculation for some time and gained only £0·02 on the news.

Griffiths directors own about 35 per cent of the equity.

Cussons repeat dividend

The final dividend of Cussons Group Ltd of £0·01 per share holds last year's total of £0·02 for the 53 weeks ended April 2.

Group pre-tax profit is little changed at £500,557 (£504,201 for 52 weeks).

Net profit, after tax is £329,167 against £328,701.

United Glass profit doubled

The consolidated profit of United Glass Ltd in 1971 amounted to £3,012,000 before taxation compared with £1,574,000 in the previous year. The improvement, says Sir Alex McDonald in his annual report to shareholders of Distillers Co Ltd, was in the main attributable to the glass container division with modest contributions from the closures and plastics and engineering divisions. A substantial loss was incurred by the tableware division.

Owens-Illinois Inc are exercising their option to purchase from Distillers sufficient ordinary shares of United Glass to bring the respective shareholdings of DCL and Owens-Illinois in United Glass to 50 per cent each.

Legal proceedings against the Distillers Co (Biochemicals) Ltd arising out of the sale of thalidomide products prior to December 1961 are continuing. During the year the company put forward a scheme which would have made available sums in excess of £3·75m over ten years for the benefit of all the UK children not hitherto provided for together with their parents. Sir Alex said this scheme had to be abandoned because it proved unacceptable to a very small minority of the parents. However, further proposals have recently been made by the company which, if acceptable, would also make substantial provision for all the families concerned. Australian litigation is still pending as are the proceedings between the company and its insurers. Further comment, he says, is not appropriate at this time.

Gallenkamp deal is worth £4.3m

A. Gallenkamp & Co Ltd have reached agreement for the acquisition of Griffith & George Holdings Ltd in a deal involving shares, loan stock and cash worth about £4·3m. Over 51 per cent of the holders of Griffin equity capital have ratified the contract.

Gallenkamp's annual report issued at the weekend states that for the year ended June 30 taxable profit rose 16 per cent to £920,389 and turnover was up by £346,087 to £5,913,317.

Dixon's Photo' give scrip issue

Record profits and a further one-for-one scrip have been announced by Dixon's Photographic Ltd.

Group pre-tax profit expanded to £2,324,604 for the year ended April 29, compared with £827,556 in the previous year. Tax takes £962,231 (£339,106).

The directors anticipate a further increase in profit for the current year. First quarter sales and profits are again substantially increased, they report.

The final dividend is the foreshadowed 14 per cent., effectively raising the total from 15 to 24 per cent.

Cuticura's parent extends premises

A new factory extension for the Brillo Manufacturing Co of Great Britain Ltd, (parent company of Cuticura Laboratories Ltd) was opened at Maidenhead on August 16, by Mr Lyle J. Lofdahl, chairman of the company and a senior vice-president of Purex Corporation, Ltd, the parent organisation.

The extension, which adds 26,000 sq ft to the existing plant (a 23 per cent increase), will cope with additional production at the Cordwallis factory, Maidenhead, the Corporation's principal operating company in Europe.

In brief

The Steetley Co Ltd has further expanded its interests in Australia by the acquisition of the whole of the issued share capital of Commercial Minerals Pty Ltd, of Newcastle, New South Wales, for Australian $2m. The main business activities are the extraction and processing of magnetite.

European Machine Systems, part of the Harland Group, is organising a seminar in Copenhagen on September 21, when papers will be given on labelling and code reading for the pharmaceutical industry. The relevant machines and labels will be demonstrated.

Tudor Processing Ltd, a private company offering a film developing and printing service to chemists and photographic shops in the south-east, has ordered a £48,000 computer from Honeywell to prepare for the introduction of VAT.

Ronson Products Ltd have made a good start in sales both at home and abroad this year, states Mr W. Kenyon Jones, chairman and managing director. The electrical division is expanding with Ronson hairdryers now the "best sellers" in Britain, he said recently.

Lennig Chemicals Ltd, the UK subsidiary of the Rohm and Hass Co, Philadelphia, USA has successfully commissioned a new, £500,000 acrylic emulsion plant at its Jarrow, co Durham, works.

International Chemical & Nuclear Corporation's sales for the six months ended May 31, 1972 reached $78·612m against $60·39m for the corresponding period in 1971. Pre-tax profits were $8·19m ($7·37m).

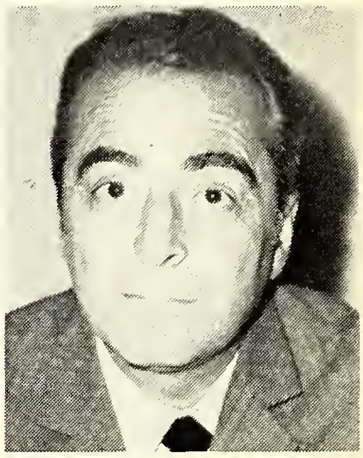
Carlton Laboratories (UK) Ltd advise that medical orders should be addressed in future to 5 Manor Parade, Salvington Road, Durrington, Worthing, Sussex BN13 2JP (telephone: Worthing 63235).

Chemist & Druggist: The telex number has been changed to 27844. The number also relates to other Benn Brothers publications at 25 New Street Square.

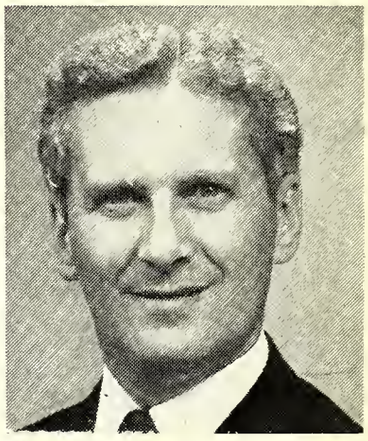
Appointments

Unichem Ltd have appointed Mr J. E. Harris, 40, their representative for the Midlands area. He will be based at the company's Nuneaton depot.

Wellcome Foundation Ltd: Messrs Harry Copestick and Claude Matons have been appointed directors of the Foundation with effect from September 1.



Mr C. Matons



Mr H. Copestick

Mr Matons joined the Foundation in November 1971 as regional manager, Europe. He studied law at Barcelona University and graduated with honours in 1948. From 1957 onwards he worked in the United States, first with Johnson & Johnson and then with Sterling-Winthrop. In 1964 he joined the Dutch-based pharmaceutical firm Organon and held top managerial positions in the Americas, in Holland and in Italy.

Mr Copestick joined the Foundation in 1962 and has been group corporate planner since May 1971. He is a chartered accountant and has worked briefly for Stewarts and Lloyds and later for Imperial Chemical Industries.

Travenol Laboratories Ltd have appointed Dr Gilbert Hardy, ARIC their scientific services manager. Dr Hardy will be responsible for new product submissions to the Committee on Safety of Medicines and his department will provide technical information on all products from the Baxter, Fenwal and Hyland divisions of the company.

A little off the price puts a lot on the sales.

2p off standard size, 4p off economy size, (across the whole range).

PEOPLE

Mr T. P. Astill, BPharm, MPS, a member of the senior executive staff of the NPU Group, has graduated Bachelor of Laws (Hons.) at the University of London.

A former president of the British Pharmaceutical Students' Association, Mr Astill joined the NPU as personal assistant to Mr J. Wright in August 1969 after experience in manufacturing, wholesale and retail pharmacy.

Since joining the NPU, Mr Astill has been particularly concerned with the work of the Chemists' Defence Association and latterly has been the Union's spokesman on value added tax.

Mr Frank Mitchell, sales office manager of Ashe Laboratories, recently retired after 26 years service with the company. At a farewell party Mr C. R. G. Young, chairman of Ashe, presented him with retirement gifts from the company and colleagues. Frank Mitchell joined Ashe immediately after the war and until becoming sales office manager eight years ago, represented Ashe in South London, the City and Essex, and was one of a group of six representatives who all completed their 25 years service with Ashe in 1971.

Mr G. B. Zornow, chairman, Eastman Kodak Co has been named an International Photographic Man of the Year for 1972 by the Photographic Manufacturers and Distributors Association.

Presentation of the award which is for outstanding business leadership, will be on September 22 in Cologne, Germany. The presentation precedes the opening of Photokina 1972 at Cologne. Mr Zornow is a member of Kodak's board of directors and chairman of the executive committee. He is also a director of the board of Kodak Ltd.

Receiving similar awards will be Horst Franke of West Germany and Kinji Moriyama, from Japan.

Mr Peter McGregor, manager of Boots Ltd, Redhill, for the last 23 years has retired. He was presented with a tray and cloth embroidered with all the staff names—the idea of the staff manageress—at a retirement dinner party.

Deaths

Brown: On Augus 8, Mr R. L. Brown, northern regional sales manager of Elida Gibbs Ltd, aged 60 years. He served the Unilever toiletries business for 35 years.

Cowie: On August 14, Miss Maggie Jeannie Cowie, 25 Stanmore Road, Glasgow, S2, aged 72. Miss Cowie qualified as a pharmacist in 1922.

Urquhart: On August 17, Mr Robert Urquhart, MPS, 19 Tadorne Road, Tadworth, Surrey. Mr Urquhart qualified in 1911.

NEWS IN BRIEF

☐ *Ad Lib* is the title of Westons Chemists' staff magazine; in the first issue it complains that retailers are still being kept in the dark awaiting answers to questions on VAT which vitally affects their future prosperity. It adds the comment: "VAT 73 could very well turn out to be a somewhat immature brew".

☐ The general index of retail prices in July was 164·2 (January 1962=100) compared with 163·7 in June.

☐ The telephone number of the Inner London Executive Council, Addison House, 32 Chart Street, London N1 6EF, is now 01-253 3020.

☐ The report on equal pay by the Office of Manpower Economics was published recently. Mr Maurice Macmillan, Secretary of State for Employment, said that it would be of considerable interest to all concerned with the implementation of equal pay. He was seeking views on a possible Order under section 9(2) of the Equal Pay Act 1970, in the light of the report's findings and would shortly remind employers and unions of their obligations under the Act.

Topical reflections by Xrayser

The locum

The advent of the medical locum in our midst is always an interesting and educative experience. (I have written in the singular, but I would not have you imagine that we have only one physician, or that the others cannot afford to take a holiday.) If he happens to be one who returns to the scene of his former triumphs, his pattern of behaviour is usually predictable, particularly if he has been retired from general practice for two or three years. He tends, in general, to follow a well-worn path, and there is naturally the consolation that at least some of his particular favourites are still in stock and, indeed, have not been in demand since last he prescribed them.

That, at least, is the comfortable impression one has for the first day or two, but as the time passes last year's stocks vanish from the shelves and have to be replaced, and trouble is on the doorstep. For in the meantime the manufacturers have changed the colour of the tablet, or its shape, or embossed it with hieroglyphics which arouse immediate suspicion in the mind of the patient on his second visit, with the need for the allaying of apprehension and a rekindling of confidence in the doctor, the pharmaceutical industry and, not least, the pharmacist. But in that regard, with the constant change of appearance over a wide field, the pharmacist is not on unfamiliar ground.

Then there is the young doctor, whose experience hitherto has been entirely in hospital and whose grasp of prescription-writing is of the sketchiest—who has been taught to abjure the Latin of his forefathers and replace it with English. This he proceeds to do, using a shorthand unknown to Pitman or to the horse and buggy physicians who wrote t.d.s. or p.r.n. (The last of the old school, with a veneration for the past and a consciousness of modern practice, compromised with "mane et afternoon.")

So "t.a.w." is revealed as twice a week—or perhaps three times—and "l.e.", which might have been left eye proves to be for the ear, while a.m. offers boundless choice.

Professional matter

I note that the Central NHS (Chemist Contractors) Committee has written to the Committee on Safety of Medicines and to Burroughs Wellcome & Co expressing concern that it was not consulted over the Lanoxin letters sent to pharmacists. The letters were, in my opinion, far from satisfactory, but they were sent out in consultation with the Pharmaceutical Society which, regardless of my status as a contractor, I still regard as my professional body.

But I am not at all happy over the decision to lodge an immediate claim for the recovery of additional costs incurred as a result of the problem. An opportunity was presented for inter-professional consultation on a professional level, and, so far as reassuring patients is concerned, that, as I indicated in my first paragraph, is of almost daily occurrence and a duty I have accepted throughout my career.

Where we failed

In your recent feature on aspirin, you quoted from an advertisement in the *Diary* of 1926 which told pharmacists that "Every day is an Aspro day" and proclaimed the product as "Australia's biggest seller—make it yours". Recently Dr K. D. Rainsford, a Tasmanian bio-researcher stated that Australians take fifty times as many aspirins per head as other peoples — and that, as the saying goes, takes a bit of swallowing.

NEW PRODUCTS AND PACKS

Cosmetics and toiletries

Falcon for 'dynamic males'

After an extensive four-year research and development programme Beecham are to spend £350,000 in promoting a group of mens' toiletries under the trademark Falcon. Guided by their market research they claim to have developed products to satisfy the needs of the young consumer group which they describe as "the young dynamic male".

Falcon hair spray (£0·40) is a resin-based and totally greaseless spray providing an invisible natural-looking hold with an ingredient which lets the hair be re-groomed during the day simply by re-styling with a dampened comb. Falcon liquid hair dressing (£0·40) is also a greaseless resin-based liquid hair dressing, while the third item in the Falcon range is an anti-perspirant and deodorant spray (£0·50) which is a powder based preparation with a perfume that has been formulated specially for the young market. The spray deodorant has a new style valve producing a "vertically shooting aerosol", and its active ingredients are described as Irgasan DP 300 and aluminium chlorhydrate. The same ingredients are in the other preparations.

The packaging is unusual and an attempt has been made to get away from any female connotation by introducing new external shapes for the aerosol containers. Beecham have arranged a heavy advertising programme designed to trigger a strong pre-Christmas demand and there is emphasis on the high quality of the new products.

It is intended that the Falcon range be sold only through "chemists, quality department stores and selected hairdressers," and for the time being will be available in London, Midland and Anglia TV areas only (Beecham Products, Beecham Toiletries Division, Great West Road, Brentford, Middlesex).

Quant's applicator kit

Mary Quant has cunningly managed to package no less than five eye shadow applicators into one small, sleek, black pvc pouchette (£0·40). Just like book matches, they are washable and can be used wet or dry. Mary Quant has also added two more shades to Greasepots for lips. Sexpot for lips (£0·55) is a flamboyant clear bright red with masses of transparent shine. Cherrypot for lips (£0·55), a deep pink "with loads of gloss" (Mary Quant Cosmetics Ltd, Surbiton, Surrey KT6 7LU).

Powder sponge

Bronnley's Pat-on-Powder is 5oz of microfine, absorbent talc packaged, for ease of application, in a soft, hexagonally-shaped sponge. A gentle pat and the sponge releases the dusting powder directly on to the skin. Pat-on-Powder (£0·60) comes in three flower-fresh fragrances, lemon verbena, lavender and rose geranium. Colourways—yellow, blue and pink respectively (H. Bronnley & Co Ltd, 10 Conduit Street, London W1).

National launch for Lip-wick

Richardson-Merrell announce that Lip-wick is now available nationally. Lip-wick (£0·17) is a lip-salve claimed to have a two-tier construction, an outer layer to protect and a medicated centre to heal dry, sore or chapped lips. The product has been tested in the London, Yorkshire and Tyne-Tees television areas. It will be supported by a national campaign in newspapers and magazines and by television in the Harlech and Tyne-Tees areas. Lip-wick comes in a two-dozen display pack (Richardson-Merrell Ltd, 20 Savile Row, London, W1X 2AN).

Minute eyeshadow Winkies

Helena Rubinstein's latest—Winkies, single cake eyeshadows in compacts (£0·50).

With fifteen shades, there is "a shade to go with any colour you want to wear". Winkies come in tiny compacts with built-in applicator, and in colours that spread from three violets, four blues, greens, "aquas and bright gay very special ones such as strawberry coloured Winkieberry, Candied Lemon and Ginger Snappy" (Helena Rubinstein Ltd, 31 Davies Street, London W1Y 1FN).

Lip pen from Gala

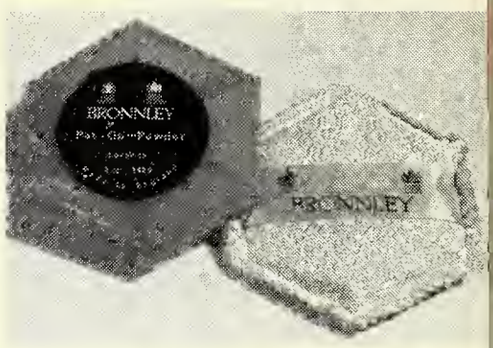
Gala of London has created Lip Pen (£0·35) described as a super slim lipstick, firm, yet soft and glossy, giving complete control of application contouring and shaping the lips in one swift and easy motion, without brushes, special applicators, creams or pencils. It is in nine colours: Sea Coral, Amethyst, Sari Peach, Italian Pink, Cool Shimmer, Poppy Dazzle, Scarlet Dazzle, Chalky Pink and Chalky Peach (Gala of London Ltd, Surbiton, Surrey KT6 7LU).

Babycare

Robinson's bridge the gap

Stage Two is designed to bridge the gap between strained and instant and junior foods. At present, mothers are introducing babies to solids in the form of smooth, bland tasting food at around eight weeks and gradually begin to use junior food or finely chopped adult foods at approximately six months.

Robinson's have developed Stage Two as a more textured and distinctly flavoured



link food to be introduced to an infant at around four months.

Stage Two (£0·09) is a dried product similar to the already familiar Robinson's Instant baby foods and will be available in eight different varieties—four savoury 1½oz packs and four sweet varieties in 2oz packs.

The savoury varieties, vegetables and beef, vegetables and lamb, bone and vegetables and vegetables and chicken are mixed with water.

The sweet varieties are mixed with milk and include fruit salad and custard, strawberries and custard, apricots and rice dessert and rice chocolate dessert (Reckitt & Colman food division, Carrow, Norwich NOR 75A).

Hermetet cartons for Napisan

A complete change of packaging has been introduced by the Milton Division of Richardson-Merrell Ltd, who are now using Hermetet cartons in place of glass or plastics containers for Napisan germicidal nappy cleanser.

For Napisan, the Metal Box Co Ltd is supplying lock-fastening Hermetet cartons in two sizes: a 250g size measuring 70 x 53 x 105mm, and a 500g size measuring 87 x 57.5 x 143mm.

Both cartons are printed by offset litho in two shades of blue, plus an application of gloss, to Richardson-Merrell's own surface decoration which is basically typographical, with a simple line drawing of a mother and child.

Continued on page 304

Pain?

give them 20 per cent more and it won't hurt a bit

Relief from pain is stronger and swifter with Veganin because it contains 20 per cent more codeine than Tab.Codeine Co. Inclusion of aspirin and paracetamol, with no phenacetin in the formulation, provides an analgesic tablet you can confidently recommend.

Veganin

Each tablet contains:
aspirin 250 mg., paracetamol 250 mg., codeine phosphate 9.58 mg.
Full information is available on request
William R. Warner & Co. Ltd., Eastleigh, Hampshire. Telephone: Eastleigh 3131.

WARNER **a chemist only product**

Continued from p 302

Household

Carpet beetle killer

To beat the annual October invasion of "woolly bears", the grubs of *Anthrenus verbasci*, the varied carpet beetle, Rentokil have brought out a carpet beetle killer and hand spray gun (£0·36) to go with it.

Rentokil carpet beetle killer is available in 4 sizes, 1-pint (£0·65); 1-quart (£0·95); 1-gallon (£2·35); 5-gallons (£10·75) (Rentokil Ltd, Felcourt, East Grinstead, Sussex).

Gardening

7lb bag from Suttons

For ease of merchandising, Suttons are introducing a new 7lb bag (£3·08) for marketing their new mixture of grass seed, Suttons Summer Play. Each bag is fitted with a handle for easy carrying, and is printed in full colour. The product was first offered last spring, and was designed for use where a lawn is required to stand up to hard wear. The new version will be heavily advertised in the national and gardening press in the coming months. A trade outer contains six 7lb bags (Suttons Seeds Ltd, The Royal Seed Establishment, Reading).

Over-the-counter medicinals

Smaller Respaton pack

International Laboratories are introducing a smaller size of Respaton anti-smoking lozenges to follow on their 48-lozenge pack. The first advertisements for the new 12 pack (£0.40) should appear in the national press next week. The company are also informing all general practitioners believing that Respaton could prove invaluable aids in many cases even though they cannot be prescribed on EC10 forms (International Laboratories Ltd, Lincoln Way, Sunbury-on-Thames, Middlesex).

PRESCRIPTION SPECIALITIES

SERPLEX-K tablets

Manufacturer Glaxo Laboratories Ltd, Greenford, Middlesex
Description Film coated tablets with two layers—a blue layer containing gradual-release potassium chloride 630mg, a white layer containing bendrofluazide 2·5mg and reserpine 0·125mg
Indications Moderate to severe hypertension
Contraindications Gross impairment of renal function, a history of affective depression, sensitivity to bendrofluazide
Dosage 1-2 tablets daily
Precautions Reserpine tends to increase the secretion of gastric acid and care is needed in patients with a history of peptic ulceration. The effect of reserpine is potentiated by sedatives
Storage Protect from light and moisture
Pack Bottle of 100 (£1·05 trade)
Supply restrictions PI, S4B
Issued August 29, 1972

PROMOTIONS

Campaign for Aspro Junior

Safe pain relievers for children are of increasing interest to young mothers. To improve their share of this expanding market, Nicholas Products are launching a new advertising campaign this month for Aspro Junior.

The campaign will extend through to next summer in the six magazines specially selected for their high percentage of young mothers among their readers. The first advertisement appeared in *Woman's Realm* this month (Nicholas Products Ltd, 225 Bath Road, Slough, Bucks).

Efferdent Christmas offer

A Christmas gift tie-set comprising 7ft 6in Duosheen ribbon; 10ft tinsel ribbon; 20ft tinsel cord plus 24 assorted tags, labels and Christmas seals, worth £0·18, is being offered free to Efferdent consumers in return for proof of purchase of any two pack fronts of Efferdent denture cleanser. Special shelf barkers, pack crowners and leaflets have been designed to draw attention to the offer (Lambert Chemical Co Ltd, Chestnut Avenue, Eastleigh, Hants).

New season's display

As an aid to new season sales of their Wright's deodorant sticks, Wright Layman & Umney have adopted a new display stand.

Standing on a 6in diameter, 2in deep base, vacuum formed from white styrene, the card unit is cylindrical in shape, stands 12in high and is topped by an orange card cap. Cut out of the side of the cylinder is a picture window the shape of a television screen which reveals six deodorant sticks set in wells in the base of the unit.

The card unit, which is assembled on site by the retailer, is orange and yellow with Wright's Logo printed white on orange and the words "Deodorant Stick" printed brown on orange at the top. At the bottom are the words "Mildly medicated, pleasantly perfumed" printed white on brown.

Omega-H3 outer

Antibiotics & Vitamins Ltd have introduced a new display outer for six packs of Omega - H3 geriatric capsules (Antibiotics & Vitamins Ltd, 43 Worship Street, London EC2).

Consumer offers

☐ Two oz tryout size of Flex Balsam and Protein hair conditioner at £0.15 (Revlon International Corporation, 86 Brook Street, London W1).

☐ Silvikrin alpine herb shampoo economy size, 4p off; standard size, 2p off (Beecham toiletries division, Great West Road, Brentford, Middlesex).

☐ Poly hair cosmetics: for three months from August 17. A free two-application vial of Polyset for normal hair (worth £0·10) with every Polyherb shampoo (£0·25) (Lambert Chemical Co Ltd. Eastleigh, Hants).

☐ A guest-sized tablet of Wright's sandalwood soap with every pair of Marigold Chic housegloves from September 4 (LR Industries Ltd, North Circular Road, London, E4 8QA).

☐ Inecto Hi-lift bonded with a free sachet of Peach Nut Oil hair conditioner (Rapidol Ltd, 27 Dover Street, London, W1).

ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Anadin: All areas
Aquasil: So
Brylcreem: All except U, B
Calgon: So
Close-up: All except E
Cool: Ln, WW, So
Harmony hairspray: All except E
Lucozade: All except E, CI
Optrex: All except U, E, CI
Ry-King crispbread: M
Setlers: Ln, M, Lc, Sc, WW, So, NE, A, U, G
SR: All except E
Sunsilk hairspray: All except E
Tegrin medicated shampoo: So
Tweed perfume: Ln, M, Lc, So
Zoflora: M, Lc, Y, NE, U
Zubes honey & lemon sweets: M, WW

TRADE NEWS

Packaging for Christmas

Coloured foil papers will brighten the Orlane counters this Christmas. A wide selection of perfume, eau de toilette, eau de Cologne, talc and parfum-creme are packaged by Jean D'Albret-Orlane Ltd, 125 High Holborn, London WC1V 6BR in a different colour for each perfume, with smart gold descriptive labels and bands. Ecusson is wrapped in pink, Princesse D'Albret in green, Casaque in a metallic blue and MW in purple.

Yardley lip and nail colours

Two new shades of lipstick and six new Shimmerine nail polishes are the Yardley, 33 Old Bond Street, London W1, contribution to a colourful, fashionable autumn. The lipsticks, additions to the popular Suki Pearl range (£0·45) are Ripe Red Lustre and Brown Velvet Lustre. This means there is now a choice of thirteen colours in the range.

The six newcomers to the Shimmerine range (£0·39) are:—Sweet Valentine, a glistening amethyst; Razzle Dazzle Rose, a deep, glowing pink; Seductive Siren, a "flirtatious" scarlet; Slinky Mink, creamy and bronzed; Kiss Curl Coral, warm, fiery pink and Shy Shiner, transparent and glossy, good as a base coat, and for the girl who wants a rest from colour.

The economy size, 30 capsule pack of Contac 400, the nasal decongestant launched nationally by Menley & James Laboratories, Welwyn Garden City, Herts, to fill the need for a pack suitable for regular users and families

Eire to pay more

John Wyeth & Brother Ltd, Taplow, Maidenhead, Berks, announce that the price of SMA powder and SMA liquid is increased to Eire. The trade price of powder, 450g is £0·37 and that the liquid 370ml is £0·11.

Now national

Backed by a £50,000 advertising campaign, Slim Plan Ambrosium — a honey-based appetite depressant — goes national from September 1. Slim Plan, available as a 14-day course (£0·62½), or a month's supply (£1), is in six fruit flavours: lemon, lime, orange, strawberry, raspberry and blackcurrant.

The decision by Ambrosium Health Foods Ltd, 7 Milbourne Street, Blackpool FY1 3ER, follows successful test marketing results.

Sachet and economy packs

A new one treatment size sachet of Inecto peach nut oil hair conditioner has been introduced as a companion to the economy size tube. The sachets (£0·08) are packed in a two-dozen display outer, and are being offered on special bonus terms. Rapidol Ltd, 27 Dover Street, London W1 have also added to their list a new 200cc bottle of Inecto peach nut oil shampoo (£0·30) as a companion to the 90cc bottle and the sachet. The new economy size will also be on special bonus terms.

Tubes replacing jars

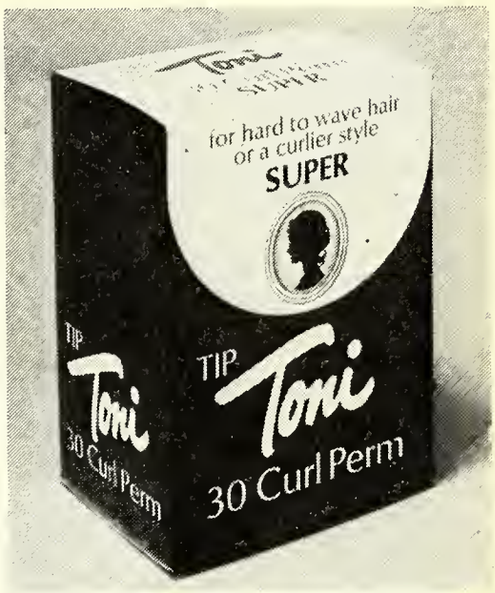
The rationalisation of Aserbine cream presentation is announced. As soon as present stocks of the 100g jar run out, Bencard, Great West Road, Brentford, Middlesex, say Aserbine cream will only be available in 100g tubes which will be supplied to all orders for the jar.

Aftershave prices

Cussons Sons & Co Ltd, Kersal Vale, Manchester M7 0GL state that there has been some confusion over the prices of their after shave lotions. The retail prices of their new Imperial Leather after shave are £0·35 and £0·50 respectively. Cussons aftershave retails at £0·20 and £0·32 respectively.

Brand names and unit packs

On September 1, G. O. Woodward & Co, Ltd, are replacing their Safeseal range by tablets packed in unit packs with brand names. The new range includes:—Digopak, digoxin BP 0·25mg, pack of 100; Fepak, ferrous gluconate BP 300mg, 100; Fepak Folic, ferrous fumarate BP 25mg folic acid 0·5mg, 30 and 100; Imipak, imipramine hydrochloride BP 26mg, 30 and 100; Oxypak, oxytetracycline BP 250mg, 20; Phebutopak, phenylbutazone BP 100mg, 50 and 100; Tetripak, tetracycline BP 250mg, 20.



The Toni perm pack, which now features a cameo head on a white background. The Super Perm is packed in a navy and white carton, pink and green packs containing Gentle and Regular perms respectively. The makers are Gillette Industries Ltd, Great West Road, Isleworth, Middlesex

For the Olympics

Hydrophane Laboratories Ltd, Ickleford Manor, Hitchin, Herts, say that their Norberg hoofpads have been ordered for members of Great Britain's equestrian team competing at Munich this year.

"Unfoiled" pack

Berk Pharmaceuticals Ltd, Station Road, Shalford, Guildford, Surrey announce the introduction of a 500 pack of unfoiled Primperan tablets, metoclopramide monohydrochloride (£16·41). The 100 pack remains available if foiled tablets are preferred.

Holiday closings

CIBA Laboratories, Horsham, Sussex, from 5.30pm August 25 to 9am August 29.

May & Baker Ltd and Pharmaceutical Specialities (May & Baker) Ltd, Dagenham, Essex, on August 28. Urgent supplies from John Bell & Croyden, 50 Wigmore Street, London W1.

Pharmax Ltd, Bourne Road, Bexley, from 5pm August 25 until 9am August 29. Urgent supplies, John Bell & Croyden.

Bonus offers

Rapidol Ltd, 32 Dover Street, London W1X 3RA. One treatment sachet of Peach nut oil conditioner, and of Peach nut oil shampoo 200cc. Bonuses of up to 17½ per cent plus settlement discount can be obtained (until November 10).

Vestric Ltd, Chapel Street, Runcorn, Cheshire. Propa PH 6 bottles extra 10 per cent discount. 14 invoiced as 12. Orders for 42 are invoiced as 36 and receive an extra 5 per cent discount.

SHORROCK Security Drug Cabinet

Designed for the protection of:

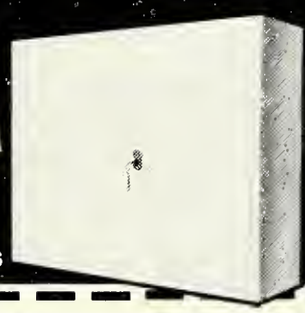
DRUGS, POISONS, INSTRUMENTS, INDUSTRIAL CHEMICALS ETC.

and used by:

Chemists shops, Dispensaries, Hospitals, Surgeries, First Aid rooms, Manufacturing Chemists etc.

The Shorrock Security Drug Cabinet is of steel construction throughout. Features include specially designed hinges and lock. The built-in burglar alarm detects any physical attack on the cabinet and is activated before entry is gained. Mains connection is not required as the alarm operates from batteries housed inside the cabinet. A socket is located in the cabinet to facilitate extension of the alarm to a remote point - or to an existing alarm system.

Contains it's own burglar alarm



Other models available - please write for details

To: Shorrock Security Systems Ltd., Shadsworth Rd., Blackburn. Tel. 63644

Please send me further details and price of Shorrock drug cabinets.

NAME .....

ADDRESS .....

..... Tel. .....

A Hawker Siddeley Company

WW 54

PSST! want to hear a NORDIA story?

Mr. C. Brown is a Director of Michael Stewart Limited, an associate wholesale company of Selles Dispensing Chemists Limited, and the person who directed the modernisation programme of three of the Group's 21 shops.

Mr. Brown chose 'Nordia 90' because he wanted the shops to have a high speed selling image without losing the original character and personality of the Selles shops.

"There is no doubt that 'Nordia 90' has done a tremendous job for us. Our Sales have gone up by at least 23% since conversion. We needed a unit shop system that was flexible and modern, but one which would blend in with the personality of the shop. 'Nordia 90' has done everything we hoped it would."

NORDIA

know about retailing!

Clip the Coupon for full details of Nordia 90.
William Mason and Son Ltd., Gelderd Road,
Leeds LS12 6JD
Tel: 0532 29554

To William Mason & Son Ltd., Gelderd Road, Leeds LS12 6JD
Please let me have full details of Nordia 90.

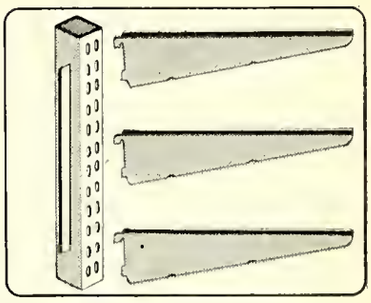
NAME .....

COMPANY .....

ADDRESS .....

SHOPFITTING

From outfitters to pharmacy at Southampton



The new pharmacy of R. Weston (Chemists) Ltd at Southampton was previously a men's outfitters which has been converted into a fine modern pharmacy, with Counterpoint equipment used throughout to display the extensive range of pharmaceutical and household goods stocked.

The layout is designed to encourage browsing, with double-sided gondolas placed in the middle of the sales area so as to leave spacious aisles in between. An illuminated blue sign emphasises the prescriptions counter, which is arranged in front of the dispensary. This is set one foot higher than the sales floor, with the minimum of physical barriers, so that the pharmacist can survey the whole sales area and is himself clearly visible to customers.

Situated on a busy corner of Shirley High Street, the double shopfront of this Weston's pharmacy has been retained but a new facia sign of illustrated blue perspex with white letters is installed. Although the window backs have been removed so that passers-by can see into the interior, there are attractive window displays arranged on tubular frames with glass shelving positioned on low level window beds.

Inside, the wall areas and pillars have been decorated orange, giving the pharmacy a cheerful appearance. Beige colour vinyl floor tiles are speckled with a matching orange, while the suspended acoustic tile ceiling is white. Illumination is by ceiling fixed fluorescent diffusers.

Immediately opposite the main entrance is the cosmetics section, arranged as a self-contained area. A fully glazed display counter lined with orange hessian and featuring manufacturers' merchandise inside is placed at right angles to the right hand wall. Alongside and fronting into an aisle is a solid faced counter panelled in grey and white, with glass binning and raised eye level glass shelving for display. It also houses nests of stock drawers accessible to the assistant.

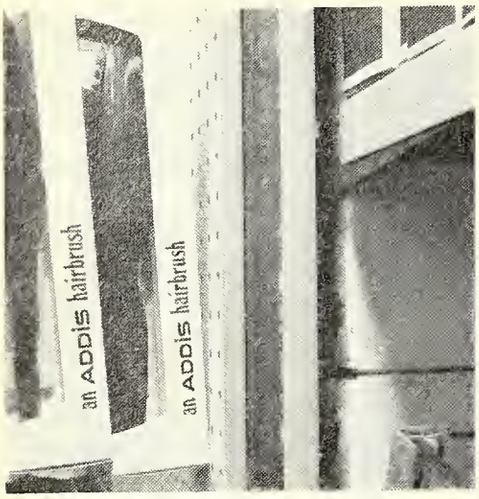
Full-length shelving

Counterpoint wall shelving units run the full length of the adjacent internal wall, and extend round the staircase and along to the pharmacy counter. They have alternate blue and white backs and white illuminated pelmets, the white carrying the Weston's name sign in blue.

Large base shelves enable the orderly display of bulky items, while the other shelves are of different widths and include angled and binned shelving for a variety of items including baby foods and creams, rusks, nappies and dummies. The units near the staircase have pegboard backs

Continued on page 308

Top: An overall view of the shop
Centre: The pharmacist in the dispensary has a full view of the sales area
Above: General view of the gondola units



Continued from page 307

enabling a range of hairdressing goods to be displayed advantageously on metal hooks as illustrated above.

In the prescriptions area the wall units behind the pharmacy counter partially conceal the raised dispensary. Two of the units have been reduced in height to provide a clear vision from and to the dispensary, while two other full size units have illuminated pelmet signs reading "Medicines". All four units are fitted with open shelving at eye level and with stock drawers below.

The pharmacy counter has a grey and white laminate panelled front, with glass binning on top. Nearby, between the counter and the window, is a display of photographic goods on a single wall unit fitted with a glass display cabinet.

Three double-sided gondola units are set in the middle of the sales area, and are fitted with end units which face onto the aisle leading from the side street entrance. A further four single-sided units are arranged on either side of this entrance and back onto the window. All are fitted with a selection of straight, angled and binned shelving, and some have bottom shelves to take metal basket containers for sponges, soaps and other odd shaped merchandise, including beer making equipment, which does not lend itself to shelf display. Otherwise these units are stocked with a wide range of toiletries, sprays, creams, talcs, toothpastes, lotions health foods, patent medicines and seasonal and household goods.

A few manufacturers' displays are accommodated within the sales area, but great care is taken at all times to ensure that these do not hinder customer flow or access to the other merchandise on display.

Counterpoint's range of metal shelving is used throughout, and has a gold anodised strip for pricing and labelling. As the metal shelves are used in conjunction with the sapele veneer which Counterpoint apply to all unit ends, the softer tradition appropriate to a pharmacy is well preserved.

In addition to supplying all equipment within the sales area Counterpoint also furnished the dispensary from their range of dispensary equipment. The pharmacists' work bench is clad with a white melamine, and so are all drawer and cupboard fronts, assisting in the general hygiene of the dispensary.

London group adopt versatile shelving

Wide diversification of stock and a merchandising system which combines versatility with standardisation of shopfitting components are features of Underwoods (Cash Chemists) Ltd branches now established in many parts of London.

Extending well beyond the range of pharmaceuticals, toiletries and cosmetics—into gifts, audio, television and photographic equipment—Underwoods hope they have managed to simplify shopping by combining self selection with pleasant personal service.

Operation of this kind of walk-round store will ultimately depend upon an optimum floor area. Underwoods' director, Mr J. Shapiro, estimates the current optimum to be 4,000 sq ft, but points out that this figure will grow in the future to allow for retailing growth and introduction of new ranges. Although some branches are at present below the 4,000 sq ft area, including the Brompton Road branch where the audio department is on a separate floor, layouts are designed to make the best use of all available space.

To achieve the objective of merchandising versatility, Underwoods have selected the Spur adjustable shelving system in wallmounted, free-standing single- and double-sided arrangements. All have standard components which are interchangeable for different arrangements and positioning of storage and display shelving.

Spur gondolas are adapted to Underwoods' special requirements by the addition of plinths, end-fitting merchandisers, dispensers and so on, while retaining the essential simplicity of the system.

In smaller shops, Underwoods have located storage shelving in up to three tiers, well above normal display height. This arrangement combines several advantages without interfering with display arrangements: it provides convenient on-the-spot storage, simplifies stocktaking, and makes refilling of sales shelves quicker and more efficient.

Display shelving is surmounted by storage at the Brompton Road branch of Underwoods. Below: The shelves, incorporating a flat front face for prices, are interchangeable between wall mounted and free standing units

Security is obviously a serious problem in such shops. One solution adopted by Underwoods is to place expensive items on wall-mounted Spur shelving enclosed in cabinets with lockable plate glass sliding doors.

Spur shelving supplied by the manufacturers, Savage & Parsons Ltd, Watford, Herts, is also used in five other Underwoods' stores.

John Harley embarks on pharmacy refits

The dispensary at John Harley's pharmacy in Shepherd's Bush Centre is separated from the pharmacy by a free-standing unit. Visual access of the whole shop has been maintained

John Harley Ltd, the London based group of twelve pharmacies with two more due to be opened during the autumn, have been embarking on a series of refits and completely new installations for a number of their branches including two in Shepherd's Bush and another in Cavendish Street in the West End.

Mr Geoffrey Simmonds, director and superintendent pharmacist, selected Storeplan Ltd, 48 Towerfield Road, Shoeburyness, Essex, to supply all the fittings.

One of the Shepherd's Bush branches is in premises within a new shopping precinct (Shepherd's Bush Shopping Centre).

Here the Storeplan modular unit shopfitting system has been employed. This consists of plastic coated steel shelving and free standing gondola units and counters.

Using one modular shopfitting system throughout enables standardisation to be carried out within their branches.

From the dispensary the pharmacist has an excellent visual access of the whole shop. The pharmacy dividing wall is constructed of free-standing units.

Full advantage has been gained, from a display angle, of the ability to slant the shelves particularly in the case of the centre gondola unit. The front glass rail fits neatly into the shelf panel without the necessity for binning clips.

Mr Simmonds says he likes the close liaison teamwork and installation service that go with Storeplan's marketing system. He finds the units "functional, sufficiently adaptable and versatile as well as appreciating the design work that the company put into planning a new shop layout or re-fit". The system has evidently been well proved since Mr Simmonds admits that there has been a "dramatic" increase in turnover at the three shops mentioned.

Now the shopfitters are hoping for the continuation of their system to be adopted by the remainder of the group's branches.

EPLAN

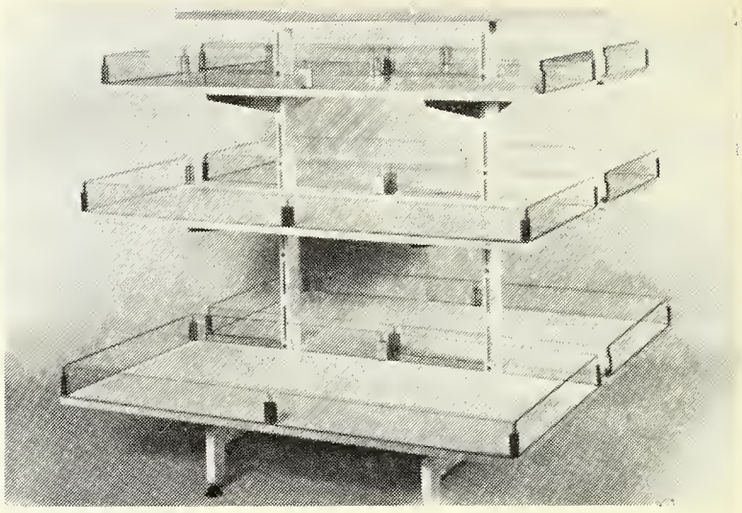
does the selling for you

EPLAN LTD—Unit Shopfittings

New Road, Newhaven, Sussex. Tel: Newhaven 3323

EUSTACE GROUP

The Nordia 90 fittings at a branch of Selles Dispensing Chemists



The new type gondola developed through Eustace & Partners

Enticing the shoppers in Yorkshire

Selles Dispensing Chemists Ltd's branch in Ferriby, Hull, had a mere 36sq ft of selling space before a recent conversion was carried out by William Mason & Son Ltd, Gelderd Road, Leeds. After conversion the space became 459sq ft.

Coloured back panels in orange and white; with pale blue and white lighting was enhanced by covering the floor in blue-green carpeting. This helped to attract the customers in with prescriptions for business in dispensing until then had been "minimal".

Mr C. Brown, a director of Michael Stewart Ltd, associated wholesale company of Selles, chose Nordia 90 for the modernisation of this and two other of the group's 21 shops because he wanted the shops to have a "high speed selling image, without losing the original character and personality of the Selles' shops".

By using gondolas, counters and display equipment, the attention of the impulse buyer was also captured.

Mr Brown said there was no doubt that the refits had made a tremendous difference. "Our sales have gone up by at least 23 per cent since conversion. We needed a unit system that was flexible and modern, but one which would blend in with the personality of the shop. Nordia 90 has done everything we hoped it would."

Rubber-stamp fatigue

William Mason & Son who are a wholly owned subsidiary of Norema International, Ltd., Oslo, recently directed 10,000 mail shots to chemists throughout the country, informing them of the Nordia 90 system. Attached to the brochures was a pre-paid post-card inviting chemists to inquire for more information.

The company say that a large number of chemists responded to the invitation by returning the post-card with their address duly stamped on the back for identification. Unfortunately, quite a large percentage of chemists appear to be "suffering from rubber-stamp fatigue" for William Mason say they have received a goodly number of post-cards without anything on them to signify from whom they were sent.

They appeal to those absent-minded chemists to contact David Pearmain, UK sales manager for Nordia at William Mason, Leeds, if they did not receive a reply.

A new type of gondola from Eustace

A new type of E:Con gondola has been developed through Eustace & Partners, Alliance Works, Western Avenue, London.

The gondola uses a pole system with slotted metal uprights sprayed with a colour finish. The unit illustrated has overall measurements of 4 × 4 × 4ft, a 6in wide capping shelf, two 16in wide top shelves, two 20in middle shelves and two 24in bottom shelves, each with glass binning to the shelf edges to enable maximum stocks and promote neat displays.

The shelves illustrated are in white laminated plastic, and the unit is suitable for stocking cosmetics, hairsprays, etc. The sizes of the shelves can be adjusted to suit customers' requirements.

Advantages claimed are a clean, modern look, easy and quick to erect and can take a large amount of stock so that it becomes almost invisible. The shelves have a height adjustment of every 2½in, and as there is no central panel the unit enables customers to see goods on the other side of the gondola and beyond, and also helps keep smaller premises light.

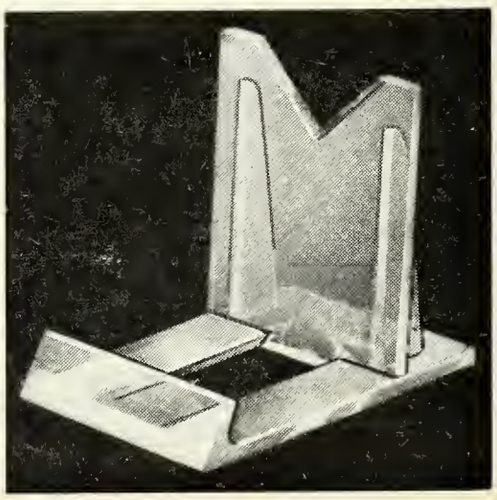
*** INTERESTED IN SOMETHING EXCITINGLY NEW FOR YOU ?**

Well, Interplan System 80 has been developed for your pharmacy to give scope and imagination to your modernisation scheme.

Why not inspect for yourself in our showrooms or write for details on this system with a difference?

OLNEY BROS. (SHOPFITTERS) LTD.
JADO HOUSE, NORTHBRIDGE RD., BERKHAMSTED, HERTS.
TELEPHONE: BERKHAMSTED 5417/9

A small, two part, transparent, display easel (right) called Grand Stand has been introduced by E. P. Joseph Ltd, 70 New Bond Street, London W1Y 9DE. At a twist of the support it will accommodate the smallest object or one many times it size. The small front panel can carry a label or price



SECURITY

Aids 'help competition'

A claim that retailing groups who use security devices and anti-shoplifting equipment may have more customers in the future than those who do not, was made this month by Mr F. R. Pegg, chief executive of the Volumatic Co, Taurus House, Kingfield Road, Coventry.

Speaking at a meeting in Coventry, Mr Pegg said that stores would soon be using sales promotional slogans to the effect that their prices were lower because they had shoplifting under control.

"The day may rapidly be coming," he said "when the retailer who takes security precautions may be more competitive than those who do not, with lower prices—because he will be losing less through staff and customer pilferage.

Drug cabinet

Elsewhere in this issue Shorrock Security Systems Ltd, Shadsworth Road, Blackburn, Lancs invite pharmacists in retail or hospital to write for further particulars of their security drug cabinet. The cabinet is made from steel, has specially designed hinges and lock. There is a built-in burglar alarm which detects any physical attack on it.

DISPLAY

Easy-fitting shelving

"A complete shelving refit takes just a couple of days—with unskilled labour" is the claim made for Remploy-Lundia shelving system.

Pharmacists are invited to write for details to Mr A. Henri, Remploy Ltd (shelving division), 415 Edgware Road, London NW2 6LR.

Cabinets

Because of further expansion, Design Marketing, the designers and manufacturers of the Mushroom range of display cabinets and showcases, have moved to larger premises at 43 Cross Road, Croydon CR0 6TE, telephone: 01-688 3445. The new premises include a showroom. To be launched next month will be a new range of counter top cabinets called the DM500 series.

HEATING

Air curtains

When a recent fire in the store room of a Chatham store was extinguished, no one could understand why smoke in the shop would not disperse. All the doors were open but heavy smoke still remained in the sales area.

Then someone remembered that warm air curtains were fitted over every entrance and were switched on (without heat) to provide cool air movement. The shields employed, Weathershields, were also effectively retaining the smoke, being designed to seal in heat in wintertime. Switched off, the smoke soon dispersed (Aircomfort Products Ltd, 28 Sun Street, Waltham Abbey, Essex).

designed*

modular shopfitting

Toiletries Section of John Harley's new Pharmacy—Shepherds Bush Shopping Centre

* **Designed** for maximum display
* **Designed** for greatest overall impact
* **Designed** for instant adjustability
* **Designed** for complete versatility
* **Designed** with **your** profits in mind

storeplan

For further information, telephone 037-08-3551/4 or just fill in the coupon.

To: Storeplan Ltd., 48 Towerfield Road, Shoeburyness, Essex.

Please supply me with further information on Storeplan

NAME _____

ADDRESS _____

_____

_____

CD-26.8

BONUS OFFER

NEW DERL*

medicated toilet soap

DESTROYS SKIN BACTERIA THE REAL CAUSE OF PERSPIRATION ODOUR

* contains no hexachlorophane

WP WEDDEL PHARMACEUTICALS LTD. 14 WEST SMITHFIELD LONDON EC1A 9HY

SPECIAL BONUS OFFER 12 TABLETS INVOICED AS 10–MINIMUM 4 DOZEN TABLETS – Open until OCT 31st 1972

Gross cost 48 tablets invoiced as 40 £2·504 Selling price £4·504 YOUR PROFIT (80% on outlay) £2·000

Please send me Dozen Derl Medicated Toilet Soaps and invoice direct/through*

CHEMIST'S NAME AND ADDRESS

.....

.....

WHOLESALER'S NAME AND ADDRESS

.....

.....

* DELETE WHERE APPLICABLE

Beecham announce the launch of Silvikrin Conditioning Rinse

on 4th September 1972

The following are the recommended retail prices:

Bottles (Normal, Dry, Greasy Hair) 18p each

Sachets (Normal, Dry, Greasy Hair) 5p each

COMMENT

No safety line

It might seem that harmony is abroad in pharmacy.

Sir Hugh Linstead's working party has plotted a course of wait-and-see, as-you-were and no-change leaving the "militants" to lick their wounds at the dock gates, wondering why they were so misguided as to propose a voyage into unchartered waters.

Now we hear—through a letter sent by the pharmaceutical Society to the Department of Health—that the Company Chemists' Association has put a figure (a quarter of a mile) on its agreement in principle to "a limited degree of restriction of the right of entry into contract to dispense NHS prescriptions in health centre areas."

But restriction of contracts within a quarter of a mile of a health centre suggests compromise rather than harmony, and we would suspect that some of the parties to the agreement might have preferred half a mile or more, if the spirit of "a planned pharmaceutical service" is to have any real meaning.

When the Society's Committee on a Planned Pharmaceutical Service put forward its proposals for health centre areas in May 1971, it was recognised that contract restrictions were a necessary prerequisite to the provision of an adequate service. If some pharmacists were to be persuaded to close, others to move or to involve themselves in a consortium, they must be assured that leapfrogging would not render the plan non-viable. The company chemists did not agree.

The crux of the matter is how far a health centre "area" extends. The Society's committee, in arguing for a planned service, spoke of health centres "at the opposite end of a town in relation to a residential area" as something to be avoided—but obviously it is not an impossibility. Indeed, it is difficult to visualise any regrouping of doctors from several locations that will not affect all the local pharmacies, whether for good or ill. Certainly there is no magic "safety" line drawn a quarter of a mile away from the centre.

If our health centre is sited half a mile from a town centre, and a new pharmacy is opened 450 yards away on the main traffic route between the two, might it not upset any plan based on the existing pharmacies? Each new centre presents a unique set of circumstances, and the planning of the pharmaceutical service should not be hamstrung by a restriction of the kind proposed. It must be possible to give full consideration to factors such as transport facilities, the age and social status of the local population, and whether it is proposed to establish a consortium or plan round the existing pharmacies.

The rural areas "mile-limit" has already proved a burden to pharmacy—we do not need to add a quarter-mile limit.

Just what are the company chemists giving up by their gesture to the profession? The Society's letter to the Department shows that they have excluded even from their quarter-mile concession "premises in substantial new shopping centres or substantial extensions of existing shopping facilities." A definition of "substantial" is awaited, but it is clear that there will be few occasions on which the concession will preclude a multiple from opening on a site that would be economically attractive.

And in return the multiple will be spared the danger of being "leapfrogged" itself on the rare occasions that a health centre arises in the centre of an existing commercial development. (No, even a multiple isn't immune!)

A better course

The Linstead working party included the health centre area as one of those that might be declared "closed", so far as the unrestricted issue of NHS contracts is concerned, but—rightly—did not state its size. Rather it was defined as the area "served" by a consortium or "adequately serviced" by some other special arrangement. The working party recommended that the power to restrict contracts should be in the hands of the Executive Council, acting on the advice of the local pharmaceutical committee, and that Ministerial approval should be required in every case, with appeal to a tribunal open to both aggrieved applicants and pharmaceutical committees.

When the Society's planned distribution documents were first presented to the Ministers, it was made plain that pharmacy should agree its own policy before requesting legislation on contract limitation.

Now the Ministers have their compromise "agreement" to consider, but their duty is to do what is right in the public interest, not the interest of either big business or the pharmaceutical profession. We hope that they will examine the view of the Linstead working party to see whether this is not perhaps a better safeguard for the public than any arbitary line drawn on a map.

LETTERS

When is take-off?

I have just received, and read, the latest NPU publication called "VTO for Chemists?" How behind the times and doddering I feel when I find that I cannot understand some of the jargon used in this pamphlet.

Such phrases as "a store-wide gross margin mix", "store traffic essential to volume throughput". Even worse I don't even know what VTO stands for. As an ex-RAF man I can only assume Vertical Take-off—if so, when do we take-off and where to?

But enough of these idle confessions—I must away and make sure that my throughput is not interfering with my gross margin mix!

M. J. Hand
Poole, Dorset

Not anonymous

The contributor's name of the letter published last week under the title "No room for inhibitions" was inadvertently omitted. It was written by Mrs M. C. Patel of Harrow who, at the Branch Representatives' meeting earlier this year moved a successful motion that pharmacists should become more active in promoting information on contraception — *Editor.*

Comic (Counter) Cuts

A true incident—
Elderly lady customer to pharmacist: "Pair of decimals, please".
What was supplied?
No prize offered for correct solution.
Answer: Paracetamol tablets.

L. B. Alter
Ruislip, Middx.

RECENT DEVELOPMENTS IN ANTIBIOTICS

By Brian Lynn, BPharm, MPS, head of medical information and services, Beecham pharmaceutical division

3: ANTITUMOUR ANTIBIOTICS

The discovery that certain antibiotics can exert an inhibiting effect on human and animal tumours has opened up a new and interesting field of application for this group of natural products. During the past 10-15 years there has been large-scale screening of antibiotic filtrates for their activity against animal tumours, both *in vitro* and *in vivo*, and previously discarded antibiotics have been re-examined with this form of usage in mind. Many active materials have been found, but because of duplication and difficulties in isolation, relatively few have so far reached the clinical trial stage. Of the latter a small number have proved to have useful clinical activity. They include actinomycin and mitomycin C.

Actinomycin

Actinomycin is noteworthy as the first antibiotic to be isolated from that rich source of antimicrobial substances, the actinomycetes. It was discovered in 1940 in cultures of *Streptomyces antibioticus* and was subsequently found to be produced by a variety of Streptomyces species. It was realised that there were sometimes significant differences in the nature of the product derived from these sources, and letter designation was introduced to describe these differing materials. However, the application of chromatographic techniques showed that the letter-designated actinomycins were themselves mixtures, and more than 50 different chemical forms of the antibiotic are now known (131). The structure of actinomycin D is shown in figure 13.

The actinomycins are a group of chromopeptide compounds in which the same phenoxazone chromophore, actinocin, is attached to two cyclic pentapeptides in which the C-terminal carboxyl group is condensed with the hydroxyl group of a threonine residue. The peptide lactones may be identical or may differ in amino acid composition. The production of

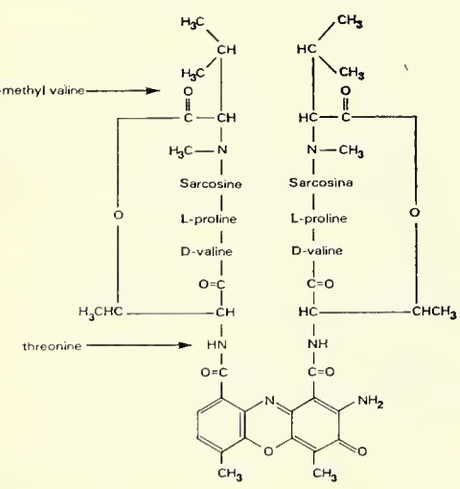


Figure 13. Structure of actinomycin D

modified actinomycins can be induced by the addition of "foreign" amino acids during growth of the micro-organism, and variants have also been prepared by chemical synthesis (131).

Analogy with the phenoxazones found in the ommochrome pigments of the eyes of insects suggests that the chromophore of actinomycins is formed from two molecules of a 3-hydroxyanthranilic acid, which may itself be derived from tryptophan (1). Different composition of the two peptide fragments in a given compound could be accounted for by the random coupling of two 4-methyl-3-hydroxyanthraniloyl peptides. There is some indication that the ratio of antitumour activity to general toxicity may be raised by changes in the peptide portion of the molecule.

The antibacterial activity of actinomycin A was noted at the outset, but animal work showed that the compound was extremely toxic at dosage levels which would be required for the treatment of infectious diseases. Ironically, this toxicity became the basis of the therapeutic use of actinomycins, at very low dosage, when the cytostatic and antitumour activity was discovered at a much later stage (131).

The effect of actinomycin depends upon the selective inhibition of RNA synthesis, either in micro-organisms or in mammalian cells. The antibiotic forms a complex with DNA and prevents it from priming the enzyme RNA polymerase, which normally brings about the synthesis of messenger RNA: RNA synthesis therefore stops, whilst DNA synthesis and protein synthesis continue for a time.

A chemotherapeutic agent must be able to interfere with a vital process in the target cells, without seriously damaging the host tissue. This is more difficult to achieve in cancer chemotherapy than in antibacterial chemotherapy, since tumour cells and normal cells depend upon qualitatively similar, though not necessarily quantitatively similar, metabolic pathways. Broadly speaking, it is in the area of quantitative differences that antineoplastic drugs work. Malignant cells are characterised by immaturity, and by rapid growth and proliferation, and they are more susceptible than mature resting cells to agents which interfere with nucleic acid and protein synthesis. Unfortunately, however, certain normal tissues, such as the bone marrow, lymphoid organs, germinal regions of intestinal epithelium, and the testes, have as high a metabolic and growth rate as most neoplastic tissues, and they are therefore only slightly less susceptible than the latter to the action of antineoplastic drugs. This factor necessitates both strict limitation and careful adjustment of dosage.

Two forms of actinomycin are commercially available for clinical use: actinomycin D, now known as dactinomycin; a actinomycin C, given the name cactinom cin, which is a mixture of dactinomyc and actinomycins C_2 and C_3. They a usually given intravenously. The mo striking and consistent oncolytic effect produced on the Wilms tumour of t kidney, which represents a high propo tion of the malignant tumours occurri in children (131). There is convinci evidence of improvement in the appare cure rate compared with previously ava able therapy. In adults, dactinomycin indicated in selected cases of metastat testicular cancer and trophoblastic tumou in females (131). Actinomycin is frequent used in conjunction with other anticanc agents and with radiotherapy, the effec of which it potentiates.

Mitomycin C

Mitomycin C is an antibiotic isolat from *Streptomyces caespitosus*. Its stru tural formula is shown in figure 14.

Mitomycin selectively inhibits DN synthesis in bacteria and mammalian cel in culture (132). The early inhibition DNA synthesis is probably the result

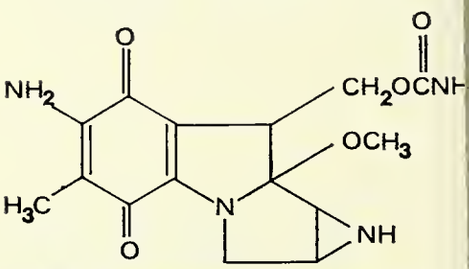


Figure 14. Structure of mitomycin C

a failure in the synthesis or utilisation precursors. Clinical trials of mitomycin i Japan and the USA have shown effect in lymphomas, chronic leukaemias an some forms of solid tumours (132). appears to be a useful agent for the trea ment of chronic granulocytic leukaemi and possibly also for carcinoma of th stomach, although its therapeutic role i the latter condition has not been definitel established.

Further antitumour antibiotics whic have undergone clinical study include th closely related compounds mithramycin olivomycin and chromomycin (132 daunomycin (132) and, most recently adriamycin (133).

Future developments

As we have seen, research effort in th development of new antibiotics has no lessened in intensity in recent years, thoug it has increasingly been concerned wit structural adaptation of existing com pounds, and this has yielded rich rewards Agents are now available with which t treat the majority of bacterial infections

but there are still gaps and thinly covered areas in the bacterial spectrum, particularly among the Gram-negative bacilli. Moreover, the point of balance in the interplay between various factors in antibacterial chemotherapy is continually changing. Bacteria resistant to the most widely used agents tend to be selected out. This happened most dramatically with staphylococci resistant to penicillin and other antibiotics, and subsequently occurred with tetracycline-resistant streptococci. Organisms previously encountered only rarely, such as Pseudomonas and Klebsiella, have become an increasingly common cause of infection—sometimes superinfection during therapy. Indeed, the aetiology of certain diseases, such as bacterial endocarditis, has shown a significant change since the introduction of antibiotics. For these and other reasons, new anti-bacterial agents are needed, while increasing interest and endeavour is being devoted to the search for antiviral, antifungal, antiprotozoal and antimitotic agents.

We shall undoubtedly see the introduction of further new penicillins and cephalosporins. At this stage, these are likely to be improvements over the existing compounds rather than agents with radically new properties, but they are none-the-less welcome. The rifamycins are agents which have certainly not yet been fully explored, and this series should be capable of further interesting development. The same applies to antitumour antibiotics.

Knowledge of structure-function relationships among the aminoglycoside antibiotics has perhaps now reached the point where the molecules could be modified to abolish or reduce the toxic propensity without loss of activity. This could be a promising area to explore. Further work on antibacterial steroids is perhaps also warranted—particularly investigation of the minor components of the cephalosporin P complex.

A planned approach?

Finally, in recent years it has been possible to identify the general site of action of many antibiotics, and to discover those targets within the bacterial cell which can be attacked on a differential basis. In certain instances the specific receptors within these sites have been identified and the molecular basis for the drug-receptor interaction revealed. This should make possible a logical and planned approach to the design of new chemotherapeutic agents. The future development of chemotherapy may lie in this direction.

Acknowledgment: I am grateful to Mr S. Lomax for re-drawing the figures, and to Mrs J. C. Harvey for producing the manuscript.

References

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OPEN SHOP by E. C. Tenner

Thanks to Sir Hugh

The long awaited report of the Working Party on NHS General Pharmaceutical Services is now published. Pharmacists should be grateful to Sir Hugh Linstead and his team. I say "thank you for your painstaking effort and your findings".

To me, one of the most significant comments in the report is "no fresh line of approach" to the problem of the pharmaceutical service and of the negotiations with the Department of Health and Social Security has emerged.

Dissatisfaction? Yes! But it appears that the basic principles of the NHS contract are acceptable to the majority. Much of the dissatisfaction expressed has been with us for a long time, due as is suggested in the report to the way the practice of pharmacy has evolved over the years.

However, I am not so sure that "there is widespread dissatisfaction so deep as to affect the morale of those pharmacists in general practice".

It is good to know that the lay witnesses were unanimous in their praise for the quality of the pharmaceutical service provided. That in itself must be a valuable morale booster and should lead to job satisfaction. Is it, that we ourselves are too critical of the way general practice pharmacy is conducted? It appears the general public like it. We have public esteem. We must be careful we do not lose it for idealistic professionalism.

It was to be expected that the concept of a planned pharmaceutical service would be discussed. It appears from the report that this idea bristles with difficulties, necessitating essential safeguards.

Is it the panacea for general pharmaceutical practice? It appears the Working Party think otherwise. I am persuaded that it is right, and agree with the recommendation that at this stage arrangements should be sought to control the siting of pharmacies to meet the needs of the National Health Service in special areas only.

All pharmacists should take note of the role of the pharmacist in modern conditions set out in paragraph 172 of the "Report of the subcommittee of the Standing Medical Advisory Committee of the Central Health Services Council". It is published by HM Stationery Office.

If we are to fulfil the role of "Advisers to doctors regarding composition and pharmacological action of a wide variety of different drugs and preparations of drugs" then there will be opportunities for a pharmacist-graduate or otherwise to exercise his specialised knowledge received in his training—brought up to date by participation in refresher courses organised with the co-operation of the Department of Health and Social Security.

I note, the working party does not accept the view "that it would be advantageous for the pharmacist to work in the same premises or in close proximity to the doctor to achieve this function". I only hope the Department of Health and Social Security thinks likewise as it pursues a policy of health centres and group practices. If it does not community pharmacy is in jeopardy for very few pharmacies can survive without a good NHS contract.

I am surprised that a number of bodies and individuals who gave evidence suggested that a "professional negotiator" should be appointed in the hope that a more satisfactory set of terms of service would be achieved. How naive can some people be!

Sanctions no answer

We have "professionals" helping with the negotiations capable of presenting a factual case and countering the Department's interpretation of the statistics. I agree with the working party, these so-called "professional negotiators" would be ineffective without the threat of industrial action and I passionately believe withdrawal of labour or applying sanctions is an antiquated method of settling a dispute. Negotiations by men of integrity and good faith on both sides is the only way of achieving a satisfactory settlement.

I have a great deal of sympathy with those who think the NHS contract as it now is—between the contractor and the Executive Council—is too rigid. It is unfortunate when say a branch manager or locum breaks the terms of contract by his professional error. In view of the Law Lords decision that a union is responsible for the action of its shop stewards, it will be most difficult to reverse this principle. It is a pity but I appreciate the legal complexity involved to alter substantially the terms of the contract.

I do not think any good will come from a review of remuneration enjoyed by other professions in order to assess what our remuneration should be. What is the yardstick to use in order to arrive at a conclusion and say that a particular profession compares with our own and therefore remuneration should be similar.

There is, however, one disturbing feature in the whole exercise. There are 131 Pharmaceutical Committees in England and Wales. Only 49 replied to the question on remuneration. Only 55 to the question on the constitution of the Central NHS Committee. Similarly the response from the branches of the Pharmaceutical Society was poor. Quoting from Shakespeare's "Julius Caesar" "the fault, dear Brutus, lies not in our stars but in ourselves that we are underlings".

MARKET NEWS

Commodity prices still rising

London, August 23: Although the docks reopened on Monday it will be some time before the flow of crude drugs and essential oils gets back to normal.

Meanwhile prices continue mostly upwards. Following the announcement that one large maker of aspirin had increased its price a second manufacturer has fallen into line. The rates for salicyclic acid and sodium salicylate have also risen by £40 and £50 metric ton respectively, the new rates becoming effective on September 4.

Cape aloes, hydrastis, kola nuts, pepper and saffron were dearer while colocynth pulp and cardamoms were lower.

Difficulty in getting shipping lines to call at Tuticorin during July, prevented senna from being shipped during the month.

Thus only 24 tons of leaves were despatched to the US and none to Europe.

There were few changes among essential oils but citronella and lemongrass were firmer.

Production of sulphuric acid by members of National Sulphuric Acid Association during the second quarter of the year totalled 882,816 metric tons which was 0.8 per cent less than in equivalent period of 1971. Sales however were 3.8 per cent up at 988,900 tons.

Pharmaceutical chemicals

Acetic acid: in 12-ton lots, delivered, per metric ton, BPC glacial £87·50; 90·5 per cent technical £81; 80 per cent grades pure £76·50; technical £69·50.
Alcohol: (Per proof gal). Ethyl, fermentation in 2,500 bulk gal lots—SVR doubly rectified 96·1 per cent £0·303; absolute 99·9 per cent £0·315. In drums 900 gal minimum respective prices are £0·317, £0·329; Synthetic grades are 96 per cent, £0·233 and 99·9 per cent, £0·245 in tank wagon; £0·247 and £0·259 in drums for 900-bulk gal; industrial grade 95 per cent £0·164 in bulk and £0·178 in drums.
Aloin: 50-kg lots £9 kg.
Aminacrine hydrochloride: £33·50 kg.
Aspirin: 10-metric ton lots £577·50 ton; 5-ton £583; 1-ton £592·50.
Atropine: (500-kg lots per kg) alkaloid and methonitrate £65·20; methylbromide £64·20; sulphate £52·90.
Benzoic acid: One-metric ton lots £30·42 kg.
Boric acid: BP grade per metric ton: granular £99; crystals £140; powder £110; extra-fine powder £114 in paper bags, carriage paid. Technical is £20 per 1,000 kg less than BP grades.
Calcium carbonate: BP precipitated £49 per 10,000 kg.
Calcium gluconate 250-kg lots £0·63 kg.
Calcium lactate: 250-kg £412 per metric ton.
Calcium sodium lactate: metric ton. £709 for 50-kg lots.
Chloroform: BP from £258 metric ton in 280-kg drums to £310 in 35-kg drums. 500-mil bottles £0·44 each.
Cinchocaine hydrochloride: £42·50 kg.
Citric acid: BP granular hydrous per metric ton 50-kg lots, £337; 250-kg £325; 1,000-kg £313. Anhydrous £358, £346, £334 respectively. Premium for powder £10.
Dimidium bromide: 5-g lots £3·20 g.
Emetine: hydrochloride £375 kg;—bismuth iodide £212·50.
Ephedrine: (25-kg per kg) alkaloid £11·64; hyrdochloride £9·75; sulphate £9·50.
Ether: Anaesthetic BP— 2-litre bottles £0·87 each for under 350 litres; £0·81 for over 350 litres; 32-kg drums £0·41 kg for 500-kg lots. Solvent BP —per metric ton in drums from £294 for 500-kg lots in 16-kg drums down to £266 in 130-kg drums; 250-kg from £304 to £276.
Hypophosphites: £ per kg

	12·5 kg	50 kg
Calcium	1·14	1·06
Iron	2·35	2·27
Magnesium	1·98	1·87
Potassium	1·57	1·45
Sodium	1·27	1·17

Isoprenaline sulphate: 5-kg £16·50 kg.
Lactic acid: £570 metric ton for 50-kg lots.
Methyl salicylate: Per metric ton in 5-ton lots £467·50; £472·50; £477·50.
Methylated spirits: In 45-gal drums minimum 900 gal, delivered, industrial 66 op £0·308 per bulk gal; perfumery quality £0·359; mineralised 64 op, £0·322. In tank wagon, 2,500-gal, the rates are: £0·308, £0·359, and £0·30 respectively.
Oleic acid: BP is £206·70 per metric ton delivered.
Oxalic acid: 20-ton lots about £170 metric ton.
Paracetamol: 1-metric ton lots £1·17 kg; 5-ton £1·14 kg. For direct compression £1·27 and £1·24 kg respectively.
Pyrogallic acid: Pure 500-kg lots £4·73 kg.
Quinidine: Alkaloid (10-kg lots) £48 kg; sulphate (50-kg) £44.
Quinine: (Per kg in 85-kg lots) Alkaloid £29·25; bisulphate £22·85; dihydrochloride £28·60; hydrochloride £28; sulphate £24; hydrobromide (10-kg) £28·75.
Saccharin: BP Powder 1 lb and over £0·85; soluble £0·77½ lb.
Salicylamide: (Per metric ton) 5-ton lots £700; 1-ton £710; ½ ton £720.
Salicylic acid: per metric ton 5-ton lots £445; 1-ton £470; 250-kg £520.
Sodium perborate: (Per 1,000 kg) **monohydrate** £283·50—**tetrahydrate** £145·75 kg.
Sodium salicylate: Per kg in 5-metric ton lots £0·54; 1-ton £0·55; 250-kg £0·56½; 50-kg £0·59.
Sorbitol: Powder £335 metric ton for over 250 kg.
Stilboestrol: BP in 25-kilo lots £33 kg.
Tannic acid: 500-kg fluffy £1·35 kg; powder £1·33.
Tartaric acid: (Per metric ton) 50-kg lots £437; 250-kg £432; £428 ton.
Terpineol: 50-kg lots £0·47 kg.
Theobromine: Alkaloid 100-kg lots £2·30 kg.
Theophylline: (50-kg) BP anhydrous, hydrate and ethylenediamine (aminophylline) £2·23 kg.
L-Thyroxine: £1·15 per g.
L-Triiodothyronine sodium: £2·50 per g.
Zinc carbonate: BPC 25-kg sacks £0·26 kg.
Zinc chloride: granular 96-98% £135 metric ton.
Zinc sulphate: heptahydrate £52 metric ton.

Crude drugs

Aloes: (metric ton) Cape primes £285 spot; £260, cif. Curaçao £775 spot; £725, cif.
Benzoin: BPC £40 cwt spot; £38, cif.
Cardamoms: (Per lb cif) Alleppy greens No 1, £0·85; prime seeds £0·90.
Colocynth pulp: Spot £700 metric ton.
Pepper: (ton) Sarawak black £380 spot; £340, cif; white £555; £500, cif.
Saffron: Mancha superior £84 kg.

Essential and expressed oils

Almond: Drum lots £0·68 kg.
Amber: Rectified spot £0·29 kg.
Anise: Chinese £1·50 kg spot; £1·45 cif.
Bay: £8 kg spot.
Bergamot: £9·35-£14 kg as to grade.
Birch tar: Rectified £2·53 kg.
Bois de rose: Spot not quoted; £3·25 kg, cif.
Buchu: English distilled £210 kg.
Cade: Spanish £0·50 kg.
Cajuput: £1·20 kg on spot.
Camphor white: Spot £0·55 kg; £0·35 kg, cif.
Cananga: Java £5 kg, cif.
Caraway: Dutch £7·50 kg; English £21·50 kg.
Cardamom: English distilled £50 kg; Indian £46·50.
Cassia: Chinese £2·30 kg spot.
Celery: English £26 ko; Indian £19.
Cinnamon: Ceylon leaf £1·50 spot, £1·38 cif. Seychelles leaf rectified £3, cif. Bark, BP £2·20 English distilled bark £88.
Citronella: Ceylon spot £1·15 kg; £1 cif. Chinese £1·20 spot; £1·10 cif.
Clove: Madagascar leaf £1·20 kg; £1·12, cif. English distilled bud £17·60. Stem £5·50 kg, cif.
Cod-liver: BP in 45-gal lots £28·80 naked.
Coriander: £8·80 kg spot.
Cubeb: English, £13·50 kg.
Dill: £5·70 kg spot.
Eucalyptus: Chinese 80-85 per cent £0·72 kg in bond; shipment £0·68, cif.
Fennel: Spanish sweet £2·09 kg.
Geranium: (kg) Bourbon £16·25; Congo £14
Ginger: English distilled £40 kg; Indian £16·50
Juniper: Berry £3·08 kg; wood £0·55.
Lavandin: £2·76 kg spot.
Lavender: French from £4·70 kg.
Lavender spike: In 1-metric ton lots £3 kg.
Lemon: Sicilian top grade £10·45 kg c and f second £8·25.
Lemongrass: £2·15 kg spot; £1·90, cif.
Lime: West Indian £7·45 kg spot; £7·15, cif.
Mandarin: £5·50 kg spot.
Nutmeg: East Indian £4·95 kg. English distilled from West Indian £12, from E Indian £13·15
Olive: £430-£450 long ton, cif; Tunisian £405 £415, cif. Spot duty paid £490 subject to availability.
Orange: Sweet £0·54 kg spot; bitter from £3·15.
Origanum: 70% £3·40 kg; 30 per cent £1·54.
Palmarosa: £7·50 kg spot, £7, cif.
Patchouli: Spot £4·80 to £6 kg.
Pennyroyal: £2 kg, new crop.
Peoper: English distilled ex black £35·50 kg.
Peppermint: (per kg) Arvensis Chinese, spot unobtainable; Oct-Nov £2·60, cif. Brazilian £1·6 spot: £1·55, cif. American piperata from £1·60.
Petitgrain: Spot £3·75 kg; shipment £3·60 cif.
Pimento: Berry £4·90 kg; leaf £4·25.
Pine: (kg) Abietis £3·75; pumilionis £6; sylvestris £1·62.
Rosemary: Spanish £1·90 kg, scarce.
Sage: Spanish nominally £4 kg spot.
Sandalwood: Mysore spot £13·50. East Indian for shipment £13·40 kg, cif.

NOTES ON NEW MEDICAMENTS

Calcitare

Constituent: Calcitonin.

Thyroxine and tri-iodothyronine have long been considered to be the active hormones of the thyroid gland. But in recent years it has been realised that the gland secretes a third hormone, which differs from the main hormones in not having any direct influence on the general oxidative metabolic processes of the body. It is considered chiefly with the maintenance of calcium balance.

This third hormone, known as calcitonin, is also present in the parathyroid glands and thymus tissue and in health controls the excretion of calcium and phosphate, and prevents the resorption of calcium from bone.

In some forms of cancer, thyrotoxicosis, hyperparathyroidism, Paget's disease of bone, and vitamin D overdosage in children; as well as in idiopathic hypercalcaemia, the calcium balance of the body is disturbed, and the blood level rises. The ensuing hypercalcaemia may cause demineralisation of bone and paradoxically the deposition of calcium in other tissues, notably the kidneys, and in severe conditions can lead to a fatal nephrocalcinosis.

Calcitonin can control such hypercalcaemia, but as clearance of the hormone from the circulation is rapid and the degree of hypercalcaemia variable it is usual to assess the response by a preliminary intravenous injection of the hormone. When such response is clinically satisfactory, the action of subsequent injections can be prolonged by the use of a special gelatin solvent. Gelatin-containing solutions may be given twice daily by intramuscular or subcutaneous injection.

Australians fight for analgesics sales restriction

"The deplorable de-restriction of an analgesic" is the way a recent editorial in *The Australian Journal of Pharmacy* describes a move by Reckitt & Colman Ltd to cease their "chemist-only" distribution policy in Australia for Disprin and six other products including Steradent and Dettol.

For some years Reckitt & Colman persisted with a pharmacy-only policy for the products, but following the outlawing of resale price maintenance by the Restrictive Trade Practices Act (which in Australia does not exempt proprietary medicines) the company has succumbed to pressure from supermarkets.

Australian pharmacists' reactions are said to be those of disgust. The decision it is said will jeopardise $A2m of the gross profit of national pharmacy. Disprin is the biggest selling proprietary in Australian pharmacy.

Aspirin sales

Occurring at the same time is a campaign by the Pharmacy Guild of Australia and the Pharmaceutical Association of Australia and New Zealand to restrict the sale of aspirin to pharmacies.

They have told Sir Kenneth Anderson, Federal Minister of Health, that they would like to see:

☐ A maximum of 20-25 tablets in any single pack of common analgesics.

☐ Analgesics to be listed under Section Three of the Poison Act, which means that only a pharmacist, not his assistants, can sell the drugs.

☐ A severe restriction in advertising.

☐ Compulsory storage of the drugs out of public view in pharmacies.

It is reported that 8 per cent of Australian males and 15 per cent of females ingest aspirin daily and that regular aspirin-takers among women consume 2½ powders or tablets each day.

While 62 per cent of people take aspirin for "fairly legitimate reasons" such as headache or joint pains, 31 per cent take the drug for such reasons as "nerves", "tension", "out of habit" and "to cope with the family".

Professor Jack Thomas, of the Department of Pharmacy at Sydney University, said that aspirin, which had been available for nearly a century, had been responsible for more therapeutic deaths than any other drug used by the public.

"Pharmacy is the only outlet that can control the distribution of pharmaceuticals," Professor Thomas said.

UCA secretary progressing

After an initial period of anxiety in C. S. Ritchie, secretary Ulster Chemists Association is making progress.

In spite of a number of stitches in the hip, he has managed to walk a little, although in his own words he "is not yet breaking any Olympic records".

Mr Ritchie is expected to remain in hospital for a while.

British members re-elected

Two British members of the executive of the International Pharmaceutical Students' Federation have been re-elected for a second term of office.

They are Miss Veronica Davis, MPS, president, and Mr Peter Sharott, MPS, general secretary.

The election took place at the recent IPSF congress in Israel.

'Entero Vioform not neurotoxic'

Chronic treatment with Entero-Vioform in animals did not produce any morphological changes in the central and peripheral nervous system, according to CIBA-Geigy Ltd workers' writing in last week's *Lancet*.

Experiments in the CIBA-Geigy laboratories furnished no evidence that clioquinol is neurotoxic, which conflicts with earlier evidence particularly in Japan that the drug was associated with a syndrome known as subacute myelo-optic neuropathy.

Several animal species were used for the tests. Rats, for instance, were given oral doses up to 1000mg/kg daily and cats up to 300mg/kg daily for 90 days with no evidence of optic nerve damage being detected.

Distribution and excretion studies in beagles using ^{14}carbon labelled clioquinol revealed neither any affinity of the drug for particular tissues nor any tendency for it or its metabolites to accumulate.

After single and repeated doses of 30mg/kg daily 24 hours later the concentrations in various parts of the central and peripheral nervous system were below the level of detectability.

Mr Karl Stremming, managing director of Dr Schieffer-International, Cologne, speaking at the sales conference in Leamington Spa last week during which the re-launch programme and new marketing strategy for Biovital were announced (see p 338). Seated on his left is Mr Gordon Souter, managing director of Radiol Chemicals Ltd, the UK distributors of Biovital

Heaton move into free-film D&P

Wallace Heaton, the Bond Street photographic dealers taken over by Dixon Photographic earlier this year, are the latest entrants to the "free film" developing and printing field.

Heaton's green door-to-door envelope has a "professional" appearance missing from many of its competitors, and offers users of the service a free Kodacolour film.

The Association of Photographic Laboratories has estimated that just over a fifth of D&P business is now being done by the "free film" processors. However, there are signs that the competition is becoming more intense between those in the field each trying to attract their share of the existing business.

Heavy bookings for Scottish conference

Provisional bookings for the Conference of Scottish Pharmacists to be held at Aviemore, October 21-22 have been "very heavy" and it has been necessary to arrange for additional accommodation in another hotel in the Aviemore Centre. To avoid disappointment, the Pharmaceutical Society advise members wishing to attend to make reservations at once. Booking forms are available from the Resident Secretary, 36 York Place, Edinburgh EH1 3HU.

At the morning session on October 22 9.30am, E. M. Dalglish, Assistant Chief Constable, Glasgow Police and Dr F. Fish, Reader in pharmacognosy and forensic science, Strathclyde University are to speak on the Misuse of Drugs.

In the afternoon session Dr W. R. L. Brown, chief pharmacist, St Bartholomew's Hospital, London, and president Guild of Hospital Pharmacists is giving the first Macmorran Lecture—"The hospital pharmacist as an applied scientist".

The conference fee, including dinner on Saturday, accommodation Saturday night, breakfast, lunch and tea on Sunday is £7·25 for those sharing a twin bedded room and £7·75 for persons wishing to occupy a twin bedded room as single. Tickets for Sunday only —including conference, lunch and afternoon tea £2·50. Cheques to the Pharmaceutical Society, Scottish Department.

Over 720 book for Keele Conference

Application forms are still being received by the local organisers of the British Pharmaceutical Conference, and the final attendance figure is likely to be around 750—more than the committee had originally hoped for.

Mr Peter Taylor, the local secretary, confirmed that 724 had already booked and once again the Conference is to be an international affair. Recent applications had been received from America, Australia, and Germany.

He appeals to the members who are arriving by air or train and require transport to the halls of residence etc, to inform him of the place and time of arrival. He felt that a number of postcards requesting this information had been overlooked by Conference members and he wants to ensure that all the required arrangements are put in hand.

For those who might require to be contacted during the Conference the telephone number of the Conference office has now been allocated and is Keele Park 371.

Sale or return goods: notice explains the law

The Customs and Excise Notice (No. 77 SOR) issued this week explains the requirements of the Purchase Tax (Terminal Provisions) Regulations 1972 (Statutory Instrument 1972 No. 1146) regarding sale or return or similar arrangements, and to assist traders (whether supplying or receiving goods under such arrangements) in carrying out their purchase tax obligations during the transition from purchase tax to value-added tax.

As previously reported (*C&D* August 19, p 253), under the Regulations, which come into force on October 1, traders who have in their possession between that date and March 31, 1973 goods subject to purchase tax and supplied under sale or return arrangements must keep and preserve for two years certain records of the goods and furnish periodical statements to their suppliers of those which remain in their possession and those which they have purchased.

Footnote: The National Pharmaceutical union are of the opinion that this method is scarcely relevant to retail pharmacists. Comment: p.343.

Insurance for part-timers

Part-time shop assistants, cleaners and Saturday workers are among the people who could benefit from new Regulations which increase from £5 to £6 a week the amount employees will be able to earn before having to pay Class 1 flat-rate national insurance contributions.

The industrial injuries contribution will, however, still be payable. The regulations come into force from October 2, 1972.

The Department of Health and Social Security believe that employers will no longer have to pay national insurance contributions for workers earning £6 a week or less it should be easier for part-timers to find work. The rule will also help those whose earnings are limited because of a physical or mental handicap.

Leaflet NI195, obtainable from Social Security offices and main Post Offices, gives details of this and other changes in national insurance contributions from the week beginning October 2.

The National Insurance and Industrial Injuries (Classification and Collection of Contributions) Amendment Regulations 1972 (*HM Stationery Office, price* £0·03).

New NHI rates

New rates of weekly and monthly graduated national insurance contributions come into force on October 2.

The rate of graduated contributions payable on earnings between £18 and £42 a week will be increased from 4·35 per cent to 4·75 per cent, and contributions of 4·75 per cent will also become payable on earnings between £42 and £48.

Copies of the new tables have been sent to employers.

The National Insurance (Assessment of Graduated Contributions) Amendment (No. 2) Regulations 1972. (HM Stationery Office, price £0·08).

From a field of some 150 competitors, outright winner of the International Veteran's Cross Country race which was held near Chingford on August 23, was Bill Stoddart of Gourock, Renfrewshire. The event, like the two day International Veteran's Athletic meeting which it preceded, was sponsored by Nutrament, a product of Bristol-Myers. In the photograph Bill Stoddart receives the Nutrament trophy from patron of the meeting Col Sir Stuart Mallison.

French talcum powder scare

An incorrect proportion of hexachlorophane in a French talcum powder is alleged to have been the cause of the death of over 20 babies in France. Some samples already tested have revealed a content as high as six per cent. (The use of baby powders containing only about 0·2-0·25 per cent hexachlorophane was restricted in this country in February.)

At the beginning of the week regular warnings about the powder, known as *Bébé*, were put out over French radio and television. Health officials there gave an assurance that the product has never been sold abroad.

The powder is manufactured by Morhange Cosmetics at Meaux, near Paris. It has been on the market for nearly 15 years.

Several of the babies died from encephalitis and proceedings have been started against the manufacturers.

Police and public health officials were ordered to seize all talcum powder products made by the company and pharmacies, supermarkets and homes were searched.

'Chemists are so popular'

Pharmacists provide even more medical care than general practitioners maintains Mr F. Honigsbaum in a controversial paper published in the August *Journal of the Royal College of General Practitioners.*

Criticising the quality of care provided by general practitioners Mr Honigsbaum asks: "Is this why chemists are so popular in Britain?" For every patient who takes his complaint to the doctor more than two treat themselves with medicine from the pharmacy.

He claims that Britain now ranks eighth, by all the most sensitive indicators," in the world health league and falls to 18th place in the life expectancy for males. Bad medicine the author contends is costly, means shorter working lives, excessive absenteeism, unnecessary prescriptions and much else.

Other evidence of medical neglect emerges from the pharmaceutical world he says. "Pharmacists frequently complain of patients not warned about the dangers associated with the drugs they prescribe. "But few instances of general practitioner neglect ever appear in the pharmaceutical press."

The author also refers to poor record keeping by doctors.

Search for oldest recorder

Foster Cambridge Ltd, a member of the George Kent instruments group, have launched a search for the oldest Cambridge or Foster industrial recorder still in use.

Any owner of a recorder produced before 1930 by Cambridge Instrument Co or Foster Instrument Co is eligible to apply for the prize of a free instrument.

Details of recorders still in use which were installed before 1930 should be sent to:—Brian Flowers, Foster Cambridge Ltd, Sydney Road, London N10 2NA.

'UK drug prices a risk to exporters'

Wholesale prices of pharmaceuticals in the United Kingdom have become considerably lower than in eight countries studied for an international price comparison published on September 1 by the Chemicals Economic Development Committee.

The gap has arisen since 1964, when a similar study was undertaken by the report's author, Michael Cooper, a reader in social economics at Exeter University.

The 1970 prices of all pharmaceutical operations common to both the UK and each of the other eight countries—Belgium, Finland, France, West Germany, Italy, Japan, Spain and Turkey. Prices in the UK were shown to be generally the lowest. Out of the top twenty products sold in the UK, seven were cheaper in Britain than in any of the other countries.

Expenditure per head of population on pharmaceuticals has grown relatively slowly over the 1964-1969 period. The author discusses a number of possible causes, but the situation appears to be due, at least in part, to the effects of the voluntary price regulation scheme for medicines prescribed under the National Health Service.

The study's results confirm recent claims by the pharmaceutical industry that the UK has become a low price wholesale market. Although this may be a short-term benefit for the NHS, there may be long-term major disadvantages. In particular, there is a risk of UK-based companies' export earnings being adversely affected, since the indications are that overseas drug purchasing agencies are increasingly using prices prevailing in the manufacturing countries as a yardstick in negotiating terms for imported pharmaceuticals.

The author adds that it may also be argued that the UK consumer, in paying lower prices, is not shouldering as large a share of the costs of research and development directed towards developing future products as are European consumers. Opinion within the pharmaceutical industry is that factors such as these may adversely affect the UK's attractiveness as a location base for international companies.

A table in the report compares individual prices of the leading 20 products (not identified by name) in the UK with prices in other markets. Added together the total cost of buying comparable packs of those 20 UK products in both the UK and each foreign market in January 1970 was:

Country	Cost in UK £	Cost in foreign market £
Belgium	9·51	11·16
Finland	11·75	11·44
France	5·76	6·32
Germany	6·48	6·08
Italy	6·64	7·22
Japan	9·57	39·10
Japan (without product 1)	6·12	15·80
Spain	5·38	5·28
Turkey	8·26	10·30

The report embraces the entire range of pharmaceutical products sold through chemists, since, it says, "definitions on prescription medicines vary greatly". Price comparisons were taken at the chemist buying level, net of any tax, owing to the differences in retail mark-ups, in tax structures, and to the lack of published costs of manufacturers' ex-factory prices.

In common with the 1964 study, an attempt was made to compare *per capita* expenditures on pharmaceuticals, at chemist buying price net of tax, in the nine countries in question. The result was:

	1964	1969	change %
Belgium	na	7·56	na
Finland	na	4·60	na
France	4·84	9·60	98
Germany	3·00	6·60	120
Italy	2·54	6·25	146
Japan	na	8·50	na
Spain	2·12	4·43	109
Turkey	na	0·99	na
UK	2·20	3·38	54

Since the report was prepared there have been some minor modifications in the details of, but not in the principle underlying, the voluntary price regulation scheme (see *C&D*, August 5, p 200).

International price comparison, available free from NEDO, Millbank Tower, London SW1P 4QX, was undertaken for the Chemicals Economic Development Committee's pharmaceuticals working party, as part of the research for a full report on the current position and future prospects and contribution to the country's economy of the UK pharmaceutical industry. This report will be published later this year.

Squibb to expand research in Britain

E. R. Squibb & Sons Ltd are to step up their research and development work on pharmaceuticals in Britain having commissioned a new laboratory which adds 28,000sq ft to the existing complex on the Moreton, Cheshire, site.

The laboratories, costing £750,000, will be officially opened later this month by Lord Cohen of Birkenhead who five years ago opened the present plant and laboratories.

Construction of the new building, to be devoted exclusively to research and development studies began last year.

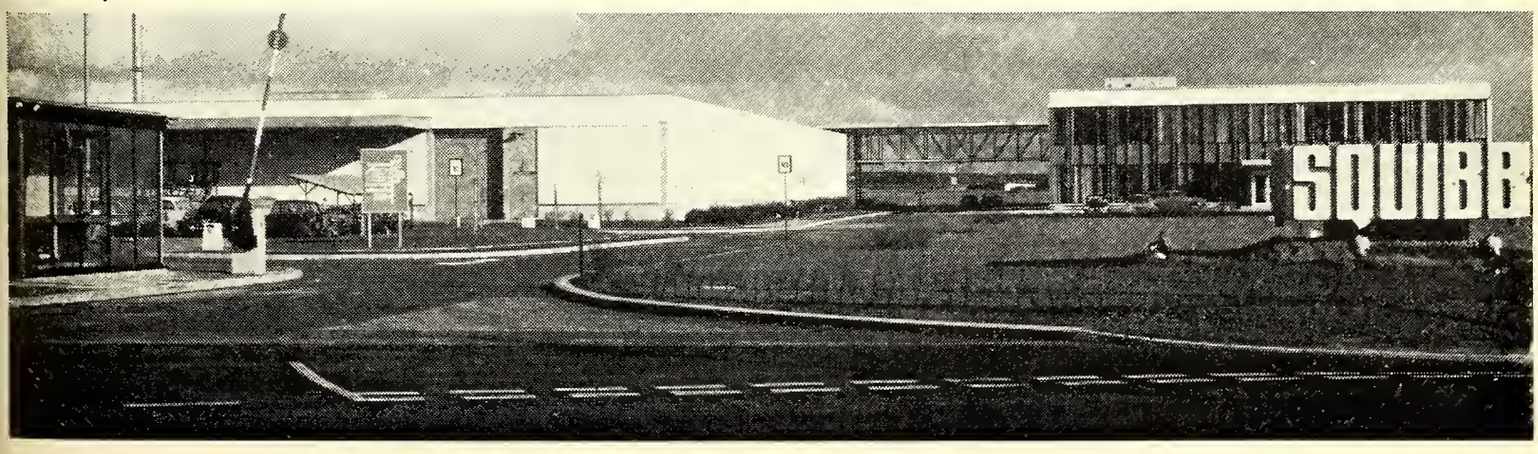
The two-floor structural steel-framed building, plus a large plant room at roof level, has reinforced concrete floors and is carried on reinforced concrete piles, which have been necessary because of the ground conditions.

A fully glazed link-bridge provides covered access at first floor level between the new and existing laboratory facilities. Generally, the laboratory areas are situated around the perimeter of the block, which is approximately square in plan, with the specialist and service rooms located within the inner core.

Air conditioning is via a "dual duct" system and the control of temperature in each room is effected by means of a control unit mounted above the ceiling, which mixes a variable proportion of hot and cold air in the required quantities to maintain the pre-set room temperature.

Squibb say that their international development laboratory at Moreton "represents a major reinforcement of the medical research effort in the UK, and is already making a contribution towards Squibb's world-wide operations. It is expected to further fill an increasingly valuable role in Europe, as the process of the company's integration in Europe continues".

Main aspect of Squibb's plant at Moreton, Cheshire. Also shown is the new laboratory on right, connected by bridge to existing laboratory



COMPANY NEWS

Weston terms for Bertram Griffiths

Weston Pharmaceuticals Ltd are to offer to acquire the whole of the issued share capital of Bertram Griffiths Ltd by October 23. The terms are two Ordinary shares of £0·10 each of Weston for every three Ordinary shares of £0·10 each of Griffiths. The Ordinary shares of Weston to be issued will rank *pari passu* with the existing issued Ordinary shares of Weston and will rank for all dividends paid in respect of the year ending February 28, 1973.

The directors of Griffiths and their families and certain other major shareholders holding in the aggregate approximately 40 per cent of the issued share capital of Griffiths have irrevocably undertaken to accept the offer. Griffiths' directors are to recommend the Weston offer.

Griffiths' pre-tax profits for the year ended March 31 were £186,507 and net tangible assets at that date were £426,613. It is the intention of Weston to continue to expand and develop the business of Griffiths under its existing management.

Macarthys' retail turnover up 15%

As a result of concentration on the diversification of its business and tight cost and production control, the pharmaceutical manufacturing division of Macarthys Pharmaceuticals Ltd pushed up its pre-tax profits to £1,087,089 for the year ended April 30 compared with £695,849 for the previous year.

Examining the performance of each division, the chairman, Sir Hugh Linstead, states that in recent years it had become clear that little sales growth could be expected in the range of standard drugs which originally formed the basis of Macarthys Laboratories production. In the event the market had continued to decline but not their share of it, he says.

Production of injection solutions has increased substantially during the year and further expansion in capacity is scheduled at Romford during the current year.

The distributive functions of the pharmaceutical and surgical activities are to be separated "during the next year or two". Two new wholesaling depots are to be opened in the current year.

Sales in the surgical field were nearly £2·3m and turnover of the group's retail pharmacies at £3·5m was up 15 per cent. Changes in purchase tax represented a loss of £30,000. Pre-tax profits of Savory & Moore were £110,507 (against £67,584). For group statistics see *C&D*, August 5, p.182.

Kingsley & Keith returns

Kingsley & Keith Chemical Group Ltd are recommending an unchanged dividend of 35 per cent for the year ended April 30.

Profits contracted from £224,766 to £168,470, before tax of £78,430 (£98,228).

In the first half profits were down to £59,395 from £105,014 but improved in the second half to £109,075. There are indications of a revival of trade generally, and of chemicals in particular, the directors add.

Nicholas sales ahead

Nicholas International Ltd advise that sales for the financial year to June 30 were ahead of those for the previous financial year. Despite the adverse effect of currency re-alignments it is expected that profits will have increased by 8 per cent over those earned during the 1970-71 financial year.

The directors have declared a final dividend of 3½ per cent, making a total dividend for the year of 6½ per cent.

Mr J. W. Jamison will relinquish his position as president of the company on September 11, but will become vice-chairman on that date and continue to act in an advisory capacity. Mr L. G. Cuming succeeds Mr Jamison as president and chief executive.

Carlton's annual results

Carlton Industries Ltd's annual report for the year ended April 30 shows that cosmetics and toiletries contributed £268,000 to the group's total profit or 9 per cent from 3 per cent of turnover. During the year (November 1971) this section of their interests, provided by Rimmel Ltd were sold to International Telephone and Telegraph Corporation of the United States.

LRC sales increase

LRC International Ltd have made a good start to the current year according to their chairman, Sir Edward Howard. Reporting an increase in sales, he stresses that there is little sign that the rate of inflation is slowing down and the company is faced with higher wages and higher costs.

The annual report for the year ended March 31 shows group profit, before tax, was £4,273,000 (£4,191,000). Turnover expanded from £46·98m to £55·47m.

A "breakdown" of the sales and contribution to profit shows that toiletries accounted for 16 per cent sales and £1·45m profit and pharmaceuticals, 9 per cent and £2·97m. The polymer division contributed £3·6m.

Bydand lose £728,572

For the nine months to December 31, 1971, Bydand Ltd had a pre-tax loss of £728,572 against a loss of £1,288,662 in the 12 months to March 31, 1971. Turnover amounted to £2,236,346 (£4,989,697).

There was a deficit on sale of Stayne Continental SA of £99,562 (nil).

After a tax credit of £31,279 (£110,397 credit) net loss is £697,293 (£1,178,265). Attributable loss is £697,293 (£1,159,386).

An improvement in sales from £1·15m in the first half of 1971 to £1·8m in the first half of 1972 is reported. Every individual company has registered sales increases.

Photopia's record profit

Photopia International Ltd expanded sales to £1·81m in the year ended April 30 (from £1·6m in the previous year) and the pre-tax profit rose from £138,768 to a record £209,531.

The first quarter of the current year is up 77 per cent, says the chairman, Mr C. G. Strasser. The dividend is maintained at £0·05 per share.

Seton to transfer some production

The Seton group of companies recently completed the acquisition of all the property in Medlock Street, Oldham, and are taking advantage of the new Government initiative grants in the north-west to rationalise their manufacturing centres. After developing their properties on a three-acre site at Oldham, they intend to transfer the group's plastics factory from Oswestry to Oldham.

Bayer turn in better profits

Net profits of Bayer AG, West Germany jumped to DM 139m in the first six months of 1972, a rise of 15·8 per cent over the equivalent period of 1971. Sales were up by 6·7 per cent, exports rising twice as fast as domestic sales. World-wide sales rose 7·5 per cent to DM 6,455m.

There was a marginal reduction in the labour force to 60,223, but the personnel bill was up 6·8 per cent.

Kodak launch at Photokina

Kodak Ltd are to give away 2,000 of their new pocket Instamatic cameras in presentation sets as prizes in a game of chance centred on a 15 x 7 metre wall of colour transparencies at their stand at Photokina, Cologne, on September 23. It will be the first public presentation of the range in Europe.

In brief

Laporte Industries Holdings Ltd announced on Wednesday that following differences of viewpoint Mr Aubrey Jones had ceased to be chairman and director.

Remploy's new factory at Wrexham, North Wales, which is now in full production for contract furniture and Lundia hardwood shelving components, is to be officially opened by Mr Maurice MacMillan, Secretary of State for Employment, on October 6.

Rumania's industry has been reorganised recently in specialised sectors. In the chemical industry the sector dealing with pharmaceuticals and dyestuffs is known as IMECO, the UK representatives being Arcode Ltd, Plantation House, Mincing Lane, London EC3.

Chemimart-Parnell group have exchanged contracts with the Commercial Assurance Co for the sale of their head lease at 40 London Wall, London EC2, for £175,000. They will continue to trade as Parnell from that address.

Appointments

J. Pickles & Sons, Knaresborough, Yorks, have appointed Mr V. Marsh their representative in Kent, Surrey and South London. Address: 51 Beauval Road, London SE22 (telephone: 01-693 7207).

John Wyeth & Brother Ltd have elected Mr L. P. Fennimore to the board as marketing director. Mr T. L. Jones has been appointed marketing manager.

Izal (Overseas) Ltd: Mr Peter Kent has been appointed acting managing director and joins the board of the parent company, Izal Ltd.

Department of Health and Social Security. Dr Henry Yellowlees CB, at present a deputy chief medical officer, has been appointed to a new senior medical position covering, under the oversight of Sir George Godber as chief medical officer, all medical work within the Department arising in respect of the National Health Service. Dr Yellowlees will have the title of second medical officer.

Dr R. H. L. Cohen CB, has been appointed to a new position as chief scientist to establish the organisation which is being set up as described in the Government's White Paper on Research and Development. Dr Cohen will retire on April 1, 1973 and a chief scientist will be recruited from outside the Department.

Dr J. J. R. Reid, county medical officer for Buckinghamshire, has been appointed deputy chief medical officer in the Department.

Overseas news

Price-cutting war in South Africa

Johannesburg's "big six" group of chemists, with annual sales of R2m from thirteen outlets, have joined the price war in branded goods, their main target being the supermarkets. The group have cut prices of branded toiletries and "patented" lines to below normal trade prices. Mr Arrol Fine, a spokesman for the group and owner of one of the member pharmacies, said: "We have got to take this step to survive. We are losing business to the supermarkets. Our very existence is threatened. To say we are feeling the pinch is an understatement. From now on, we will work on a cost plus 10 per cent basis. I can only hope we can generate sufficient turnover to make this economical. Until now we have been working on an average of cost plus 20 per cent."

The "big six's" price-cutting seems certain to meet with a strong reprimand from the Pharmacy Board, which frowns on pharmacy price wars—regarding them as unprofessional. "We are not breaking the Pharmacy Board's regulations," said Mr Fine. "Our dispensing or professional services will not be cut in price."

Supermarkets have been discounting chemists' prices by at least 10 per cent. "Now we will sell at least one basic line in every group at normal chemist prices, less a third on a cash-and-carry basis only, said Mr Fine. Most of the group's suppliers are "reluctantly co-operating" with us, he added, although some of the suppliers were being difficult about the price cuts.

Lost cosmetic trade

Continuing, Mr Fine said: "Fifteen years ago chemists did 80 per cent of the toiletry business. Today we do less than 20 per cent. Unfortunately I, as a pharmacist, am not allowed to stock foodstuffs. If I were, I would stock up tomorrow with basic foods like bread and milk, and cut their prices to attract custom. That is after all, what the supermarkets are doing to us with toiletries. We must protect our position now. As a chemist, I could never make a living out of dispensing, because these are professional services I am not allowed to advertise. My income comes from non-medicine lines. Already the small chemist on the corner is disappearing because he can no longer compete with the supermarkets. I do not want to follow him." The eleven "big six" chemists are all independently owned, but they collaborate on buying, advertising and pricing and marketing strategy.

Finnish drug industry in 1971

The pharmaceutical industry in Finland increased the net value of its production by 15·1 per cent to 169·7 million Finnish marks (£16·8m). Exports were worth Fm12·8m, a rise of 20·8 per cent mainly due to pharmaceutical chemicals rather than specialities. Employed by the industry were 2,268 against 2,137 in 1970.

Topical reflections by Xrayser

Public ownership

I am sorry that I shall be unable to attend the open meeting at the House of Commons to hear Mr Stanley Blum put the case for public ownership of all general practitioner pharmacies—a proposal which, as a corollary, would seem to embrace all general practitioner pharmacists.

According to your report, the annual conference of the Socialist Medical Association recently recommended "the taking into public ownership of all general practitioner pharmacy by combining all the pharmacies in an area into a health centre (or polyclinic) and placing them under local administration and responsibility," and I assume that it will be Mr Blum's intention to explain the resolution.

Until the details are forthcoming it would be idle to speculate, but the unclothed skeleton would seem to suggest many fewer points of distribution—not, of itself, necessarily a bad thing. But it also looks, on the face of it, to suffer from the same defect as the present erratic scheme of providing health centres. The convenience of the public has seemed to be the last consideration in present-day "planning" and I shall be interested to learn how Mr Blum proposes to overcome the distance between home and polyclinic.

I see nothing basically unsound in the principle of a salaried service, either pharmaceutical or medical, though its application in the hospital pharmaceutical service does not seem to have been happy. In the medical world, we have long had salaried service, notably in the field of medical officers of health, and there is no evidence that a different form of payment has produced an inferior service. It would be folly to suppose that the possibility of salaried service in both professions does not exist, and it may very well be that the groupings of ever-larger numbers of doctors into ever-larger units has hastened the day.

Prospects

It would be idle to deny that the prospect of a pharmaceutical career utilising the knowledge and skills of the present-day graduate would be unattractive to those who have no commercial leanings, but government would have to show in the most practical manner its appreciation of such a professional man or woman, and no government to date has given any indication of such an outlook.

I note that Mr J. P. Kerr (president, Pharmaceutical Society) has said that he could not see either the practicability or the desirability of nationalisation as envisaged by Mr Blum. The cost, he said, would be terrific, and it would mean the maintenance of every drug in every pharmacy.

But I take it that, hand in hand with Mr Blum's proposition would go that of Mr Bob Edwards, MP, who is to address the same meeting on "the public ownership of the drug industry".

Drug industry

As in the case of the doctors, with their large reduction in points of service, so has there been a shrinkage in the number of firms engaged in the drug industry. The constant takeovers and mergers make the physical problems of nationalisation much simpler if, at any time, national policy decides upon the desirability of such a course.

And then Mr Kerr might find that the range of products has dwindled to an extent that would make the maintenance of stocks of every drug in every pharmacy a task of much less immensity than it is at present.

Effective use of hand labellers in the pharmacy

How versatile is a hand labeller? Is an 8 digit model a "gimmick" out of place in a pharmacy? Or can even the single handed proprietor save time—and money —with it?

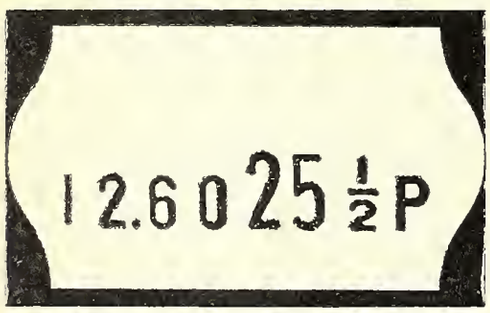
Recently *C&D* accepted an invitation from Meto to see their various labellers in action "in the field"; it was soon evident that if the retailer is prepared to devise a system to suit *his* business, there are many advantages to be gained from hand labelling.

The idea of a "system" may put off many proprietor pharmacists, believing that staff "wouldn't be bothered". But the most complicated system that was examined had been devised by Mr D. Kitsberg of Stanmore, Middlesex, and the enthusiasm of both proprietor and staff for it, was obvious.

Three machines

Although running a typical independent pharmacy, Mr Kitsberg has found application for three hand labelling machines. Two Meto 85s are employed, one for the cosmetics counter, and one for the toiletries self-selection units. These have a 5-digit system and are used with a green ink to price any item that requires frequent re-ordering. An assistant selling an item with a green label, knows that it must be re-ordered at once. A notice on the cash register serves as a reminder. With this machine, a simple ABC code can be used to indicate the date of receipt of the goods, and consequently the age of the stock.

For stock bought in greater quantity at any one time, the Meto 80 8-digit labeller provides both the price and full stock control in a single operation. The first figure denotes the month of receipt of the goods, the second the quantity received on that order (both in smaller sized figures), followed by the price in larger figures which the customer can read easily. As stock is running low, the assistant writes the name of the item in an order book on the counter at the time of sale, and adds to it the label removed from the item itself. Mr Kitsberg can then decide on the quantity to order, noting how many were ordered last time and how long they have taken to sell.



A label printed according to Mr Kitsberg's stock control codes and pricing system

It sounds a fiddling business changing so many figures for every item of stock received, but not so, say pharmacy staff. They find it much quicker than any system previously tried—and certainly it will be more attractive than any stock counting routine. For small lines it is still better than writing individual labels the staff say, and they are even happy to use the system for a single item. Some idea of the speed of the pricing operation can be obtained from Mr Kitsberg's claim that 6,000 items in the pharmacy were re-priced in only two days. "I cannot speak too highly of the system" was Mr Kitsberg's summing-up.

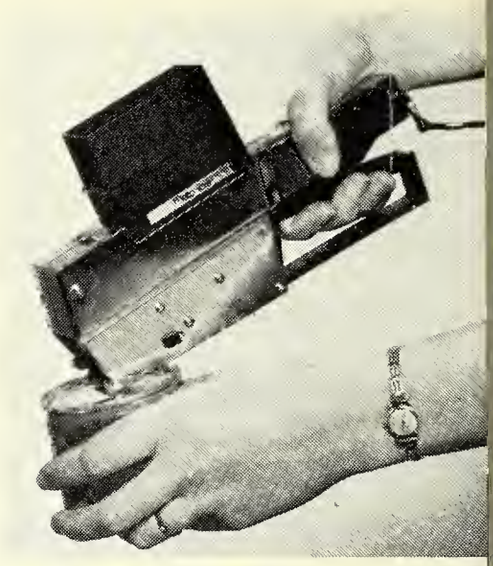
In selling their system to different types of outlet, Meto have uncovered different requirements concerning peelable and non-peelable labels. For pharmacy Mr Kitsberg has found the "semi-peelable" version ideal, since children cannot move these labels from one item to another, but the label can still be removed gently without damaging the stock, and if any gum is left behind (because the item has been in a window for example) it is easily cleaned off with spirit.

In line with policy

However, a preference for fully peelable labels was quoted by Mr K. Light, general manager and superintendent pharmacist of the Cross & Herbert group, showing up the differing needs of the multiple chemists. Here an ability to amend stock prices in line with the company's pricing policy as the changes occur, is vital. Mr Light pin-pointed several advantages for the hand labeller which is just coming into use in some of the group's branches. First is that the price can be altered quickly on Meto machines *before* the next label is applied—there is no need for pre-printing of quantities and there are no printed labels "in the machine" which could lead to wrong pricing or wasted labels.

Cross & Herbert are not using their labellers for stock control — a quarterly change of ink colour was dropped because the company were not convinced that the system was being operated correctly—but a colour change has been found useful following purchase tax changes. However, Mr Light welcomed the prospect of coloured labels which could be rotated for stock control purposes.

At a former pharmacy in South London, *C&D* was told of an increase of 5-6 times in sales of pick-up lines displayed on the counter, since clearly printed labels have been employed. The proprietor claimed that a dozen items could be priced in as little as 20-25 seconds.



Hand labeller in use

Back at Meto's headquarters, Mr Roger Higgins, divisional marketing manager, emphasised that there was no one answer to pricing and stock control for all outlets. Apart from the choice between peelable and semi-peelable, labels themselves could be printed with bolder figures to emphasise value, or as with the Meto 80, smaller with a "more professional" image.

Chemists' lead

Coding could be achieved by numbers, letters or changes in ink colour — and about 60 per cent of Meto's customers are now doing more than pricing with the system. The company hope that chemists will take a lead in this form of stock control, now that product dating is receiving so much publicity. A system that would have obvious professional and commercial advantages. There are endless possibilities—special coding for PI poisons, for example, and becoming standard for pharmacies, the pre-printed addition of the premises address to labels.

Until the final details of VAT are known, the role of the labeller during the changeover period must be speculative. What can be said, however, is that the hand labeller gives the retailer the means of identifying his stock quickly and easily—whether he chooses to code individual items or outers to fit in with the sale-or-return system (see p 343), or merely to identify, for his own accounting or interest, those items that carried purchase tax when bought in.

To sum up, given a versatile tool, stock pricing can readily be extended to improve stock control and with the right system it can release staff for their main role, serving customers.

SHOPFITTING

Shelving supplies

An inexpensive range of shelves, island units, etc, has been developed by Interior Systems UU Ltd, 22 Horn Lane, London W3. Sold under the trade name Look the components are said to be easily assembled by non-specialist labour.

NEW PRODUCTS AND PACKS

Cosmetics and toiletries

Mary Quant's Overnighter

Mary Quant's Overnighter (£4·00) has "got everything you need to care and cleanse your face"—a bottle of Come Clean, Get Fresh, Skin Drink and Skin Saver. Plus a trayful of make-up—Starkers Foundation, Bare Dark; two Eye Glosses, Moody Blue and transparent for highlighting; three Jeepers Peepers powder shadows, maroon, mauve and green-bronze; two crayons, a blue and a red for lips plus colouring the cheeks; Lash Colour, black, Face Final, translucent for the final touch, with a soft moppy face brush to apply it; and a double-ended applicator for the powder shadows.

Beauty cases have usually been either too small to take everything or too big to pop into a weekend case. Mary Quant's packaging is a small, compact, pillarbox red case of PVC (Mary Quant Cosmetics Ltd, Surbiton, Surrey KT6 7LU).

Re-Nutriv lipsticks

Estee Lauder are launching Re-Nutriv lipstick (£1·45), said to contain rich vitamin oils and the "rare" Re-Nutriv ingredients, which won't cake on the lips, stain or change colour.

There are a total of 20 shades available, divided into the three major categories of light colours, the brown toned darks and the brights (Estee Lauder Cosmetics Ltd, 71 Grosvenor Street, London W1).

Max Factor introductions

Comb-on mascara from Max Factor has an exclusive comb applicator designed to allow the mascara to seep in between the teeth of the comb. When combed through, the tiny teeth separate the lashes as they colour, "making them appear longer, thicker and fuller . . . instantly". The mascara is said not to smudge or smear, and to be water resistant.

Presented in a non-breakable blue bottle with a matching marblised cap which also serves as the handle, Comb-on mascara is available in three shades: Black, Brownish-black and Brown. From the same house comes Satin moisturiser (£0·49), a light, rich moisturising cream recommended for day-time protective treatment for dry and normal skins and as a night-time moisturising treatment for oily skins. It is presented in an opal glass jar with blue cap (Max Factor Ltd, 16 Old Bond Street, London W1X 4BP).

Pot pourri sachet

Floris have designed a little lace-edged sachet (£0·65) filled with sweet-smelling pot pourri. In pale pink and in white it makes a pleasant gift, light in weight, easy to pack and post (J. Floris Ltd, 89 Jermyn Street, London SW1Y 6JH).

Confectionary

Fruit lollipops

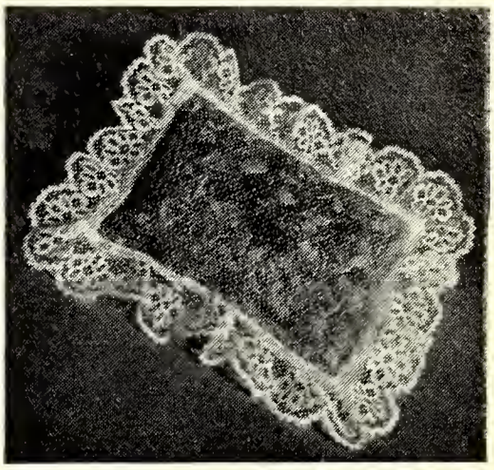
To meet the demand from children who enjoy the flavours of the popular mixed fruit tablets, Smith Kendon Ltd have introduced lollipops (£0·02).

The flavours are blackcurrant, orange and raspberry; colours and flavours are exactly the same as those used in the tins of mixed fruit tablets. There are 50 lollipops per carton (Smith Kendon Ltd, 132 Borough High Street, London SE1 1LG).

Sundries

Pickles' corn rings

J. Pickles and Sons are now marketing self-adhesive felt corn rings in a self sealing cellophane bag, packed in an attractive wallet (£0·12). There are nine corn rings to the wallet, and 30 wallets to the outer



(J. Pickles and Sons, Pickles House, Church Lane, Knaresborough, Yorks).

More 'Golden Babes'

Two extensions to Lilia-White's Golden Babe range are cotton wool balls and pleated wool, both in white and made in a special blend of cotton wool and rayon.

These products were introduced following consumer research indicating the growing trend towards this type of cotton wool presentation—which for the busy mother, particularly, offers more convenience and less wastage.

The Golden Babe cotton wool balls (£0·17) contain approximately 150 per pack and approximately 8ft of Golden Babe pleated wool (£0·08½) provides approximately 8ft of wool (Lilia-White (Sales) Ltd, Charford Mills, Birmingham).

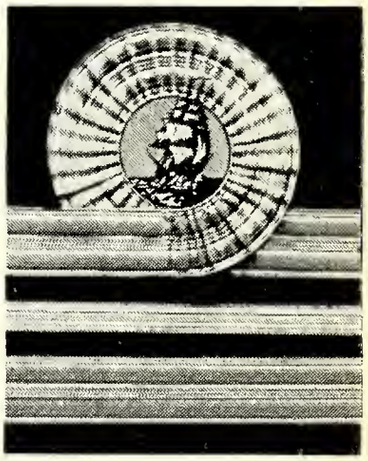
Corvette gains a stripe

Quality preparations, new packages and attractive discounts to the trade together with the long-established name is the platform from which Reckitt & Colman have re-launched their Corvette range.

Although Corvette preparations have had little or no advertising during the past four or five years they have had their adherents among the public, and a large section of independent retail pharmacists have found the products achieved an acceptable turnover.

For some months now Reckitt & Colman have been looking at this £35 million market and decided that the range should be up-graded in image and design, and at the same time the opportunity should be taken to utilise new cosmetic formulations that are now available.

Previously Corvette was very much



The new insignia

dependent upon its "after-shave" presentation. The new range is being presented on the broader front as a toiletries group. The packaging is predominantly blue with an attractive naval insignia with one more stripe than previously, the object being to achieve a package that may be

Continued on p 336

Continued from previous page

Left, the old design; right, the new

regarded as an acceptable gift in a market where 40 per cent of the purchases come within that category. Furthermore, the package design had to be acceptable to the professional image of a pharmacy, for chemists hold more than half of the market.

Reckitt & Colman look upon Corvette as coming within the upper middle price range category of the market and see no reason for shelf reductions or price promotions.

'Naval Attack'

"The Naval Attack" is based on six preparations—Corvette hair spray (£0·44) which is formulated with polymer resins to provide a non-drying and non-greasy spray giving good holding characteristics, and natural hair sheen.

Corvette pre-shave (£0·49) is alcohol based with a unique combination of special non-greasy lubricants to allow an electric shaver to move easily over the beard "without drag". The colour is a pale royal blue. The after-shave preparation (£0·49) is a "light herbal green", and is again alcohol based with a combination of emollients to counteract the possible drying effects of the alcohol.

Corvette aerosol deodorant (£0·44) is prepared with an alcohol base and contains a bacteriostat Irgasan DP 300 claimed to be more efficient than other conventional materials including hexachlorophane.

The aerosol foam shave (£0·39) contains emollients, humectants and lubricants to produce a rich moist foam to ensure a close and comfortable shave. The company point out that the use of excessive amounts of foam are unnecessary, and add that three months shaving may be obtained from one can.

High quality French talcum powder is the base of Corvette talc (£0·44) and the pack has a special twist on/off cap whose overall shape matches well with the aerosol packs in the product range.

To back up this new product range, and to motivate big consumer buying prior to the Christmas period, Reckitt & Colman are investing some £40,000 in a heavy consumer Press campaign during this six-week peak gift buying period, in short a tight, heavy-weight campaign to achieve big consumer sales (Reckitt & Colman toiletries division, Sunnydale, Derby).

PROMOTIONS

Reckitt & Colman snaps

Reckitt & Colman stockists in the UK are being invited to "snap up a prize" by entering a display contest as the basis of a six weeks' merchandising campaign.

To qualify for one of the three national prizes, a new Austin mini taxed for one year, the customer will be expected to build a display of four of Reckitt's leading brands, namely Supersoft hairspray, Valderma, Cossack men's hair dressing and Bathjoys. The results will be judged, independently, from Polaroid photographs taken by the Reckitt & Colman salesman on his next call. The awards are by outlet: cash-and-carry, chemists, grocers.

In addition there are 13 area prizes to be awarded to the best display in each Reckitt & Colman area and these consist of ladies or gents Omega wrist watches valued at £50 each.

The contest is open to all Reckitt & Colman Toiletries Division customers and will run from September 18 to October 27 (Reckitt & Colman Toiletries Division Ltd, Sunnydale, Derby).

Paper dolls invasion

The third phase of Kimberly-Clark's "Scotland Saves" promotion starts on Monday, September 4, when teams of Kleenex tissues Paper Dolls "invade" towns throughout Scotland and give away Premium Bond prizes to retailers for displays and to customers on proof of purchase of Kleenex products in the home.

The "Scotland Saves" promotion, which began in May, is part of a major drive

KERFOOT PHARMACEUTICALS

BONUS OFFER

Open until 6th October 1972

5 x 100 ml.
PHENOXYMETHYLPENICILLIN
ELIXIR 125 mg.

5 x 100 ml.
PENICILLIN G. SYRUP
125 mg.

will be delivered

FREE OF CHARGE

with each order of £25 value

THOMAS KERFOOT & CO. L

by Kimberly-Clark to expand sales of Kleenex paper tissue products and the Kotex sanitary protection range in Scotland (Kimberly-Clark Ltd, Larkfield, nr Maidstone, Kent).

Mavala press coverage

Media coverage for Mavala Nail Care Products for September and October will include full pages in *Cosmopolitan, Vogue, Woman* and *Over 21*.

The campaign will also include half pages in *Woman's Own, Nova* and *Flair* (Mavala Laboratories Ltd, Mavala House, High Street, Horley, Surrey).

Cussons football promotion

Cussons are running a free football promotion in six leading boys' magazines throughout September and October; Manchester City and England soccer star, Rodney Marsh, will be featured in the promotion.

The first 5,000 coupons received, together with the requisite eight soap wrappers will receive the additional bonus of a signed photo plus "tips on improving your game" from Marsh.

Cussons are confident that the promotion will make a significant impact on sales of Imperial Leather. They ran an initial preview promotion in the *Manchester Evening News* football supplement in August, and the redemptions ran into four figures, and, say Cussons, are still coming in (Cussons Sons & Co Ltd, Kersal Vale, Manchester).

Shulton announce new packs aimed at a wider age group for their Desert Flower range which includes the Desert Flower fragrance, perfumed cologne, hand and body lotion and perfumed talc

Select your order from the following list

PENICILLIN V 125mg.

PENICILLIN V 250mg.

OXYTETRACYCLINE S/C 250mg.

TETRACYCLINE HYD. S/C 250mg.

OXYTETRACYCLINE SYRUP 100ml. 125mg. per 5ml.

OXYTETRACYCLINE SYRUP 500ml. 125mg. per 5ml.

PHENOXYMETHYLPENICILLIN ELIXIR 125mg. per 5ml. & 62.5mg. per 5ml.

PHENOXYMETHYLPENICILLIN MIXTURE 125mg. per 5ml.

If you wish to take advantage of this offer ask your Kerfoot representative for details

LE OF BARDSLEY ASHTON-U-LYNE LANCS.

ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Alka-Seltzer: All areas
Brylcreem: All except U, B
Calgon: So
Clinomyn: So
Ironplan: E
Lil-lets: Ln
Lucozade: All except E, CI
Reban: All except E
Ry-king crispbread: M
Setlers: Ln, M, Lc, Sc, WW, So, NE, A, U G
Tegrin medicated shampoo: So
Tweed perfume: Ln, M, Lc, Y, So
Zoflora: M

PRESCRIPTION SPECIALITIES

PHENERGAN COMPOUND linctus

Manufacturer May & Baker Ltd, Dagenham, Essex, RM10 7XS

Description Strawberry-flavoured linctus containing in 5ml: promethazine hydrochloride 5mg, ipecacuanha liquid extract 0·01ml, potassium guaiacolsulphonate 45mg and citric acid 65mg.

Indications Symptomatic relief of nasal and bronchial congestion

Dosage Children up to 5 years, 2·5ml; 5-10 years, 2·5-5ml; over 10 years, 5-10ml—to be given two or three times a day or as directed.

Side effects Slight drowsiness may occur

Dispensing diluent Syrup BP

Pack Bottle of 125ml

Supply restrictions PI, S7

Issued September 4, 1972

TRADE NEWS

New pack and market position for Biovital

Biovital is to be re-launched with new packaging and a new market position.

Behind the plans—announced this week by the makers, Dr Schieffer-International of Cologne, and UK distributors, Radiol Chemicals Ltd, Stepfield, Witham, Essex —is a wide ranging market research study carried out earlier this year.

"Our aim now is to make Biovital the leading liquid multi-vitamins plus iron brand in the United Kingdom, just as it already is in West Germany and many other countries", says Mr Karl Stremming, managing director of Dr Schieffer-International.

On the continent, Biovital has been sold neither as a pure vitamin and iron supplement, nor as a tonic, but as a product that will assist in maintaining the body's "total health" (until now, this has been translated as "for vital living" on British packs). But the latest research has shown that the British market requires a different strategy, and Biovital is to be re-positioned in the "multivitamins plus iron" sector—as the "easy to take" preparation.

The new packaging was developed primarily to this end. The pack is attractive, aiming to "do justice to the high quality of the product", and to give an immediate impression of both authority and value for money. Colours are mainly bright red and white with the Biovital bottle in brown on the front panel plus the slogan "So easy to take — drink a measure".

Allied to the new packaging is a Biovital medical measuring glass, presented free in matching pack, which ensures that the correct dosage is being taken.

There is no change in the price structure, but from September 1 an extra discount of 10 per cent will be available to chemists on all direct orders for 18 or more bottles. Chemists may also add 6 packs of Biovital on direct orders of £12 or more of Radian/Radiol products to qualify for the 10 per cent discount terms.

Nystan suspension change

E. R. Squibb and Sons Ltd, Moreton, Wirral, Cheshire, announce that on September 4 the current Nystan for Oral Suspension available as dry granules for reconstruction, will be replaced by a ready mixed suspension formulation. The new formulation is of equal potency, containing 100,000 units/ml, it is cherry/mint flavoured and will be available in bottles of 30ml (£0·85 trade).

The suspension's improved flavour is

intended to make it a palatable alternative to Nystan tablets. It need not be discarded seven days after dispensing, allowing a full course of treatment in excess of one week to be dispensed against a prescription. The product bears a two-year expiry date and the name Nystan Suspension Ready Mixed.

Ironplan in Eire

Ironplan tonic capsules are being launched in Eire by Eamon J. Bodkin Ltd, 40 Ballygall Road East, Glasnevin, Dublin, on behalf of Menley & James Laboratories. A TV, radio and press advertising campaign, the equivalent of an £80,000 campaign in the UK—will use five-second TV spots on Telefis Eireann, and 30-second commercials on Radio Eireann. This first phase of the campaign will continue until December.

Press advertising will include the 89,000 circulation *Woman's Way* magazine, the *Sunday Press, Sunday Independent* and *Irish Independent.*

Falcon ingredients

Falcon, the new men's range from Beecham toiletries division, Great West Road, Brentford, Middlesex, has Irgasan DP 300 as an active ingredient in all three products—hair spray, hair dressing, and anti-perspirant and deodorant spray. The anti-perspirant and deodorant spray contains, in addition, aluminium chlorhydrate (corrected note).

Syntometrine batch numbers

Sandoz Products Ltd, 41 Upper Grosvenor Street, London W1X 0AL, say that confusion has been caused with the batch numbering of Synotometrine. In the autumn of 1971, pharmacists were advised that ampoules with batch numbers of 84190 or lower should not be used. In January of this year the batch numbering cycle reverted to 01. As a result, some concern is being expressed unnecessarily, Sandoz report. Ampoules with batch numbers starting with zero are correctly labelled with the 9-month expiry date. With this short shelf life the company asks pharmacists to keep only minimum stocks and to order as required.

Discontinued product

Stocks of Obin, Pfizer brand metformin hydrochloride, 500mg tablets in packs of 100 are now exhausted and no further supplies will be made available by Pfizer Ltd, Sandwich, Kent. Obin has been deleted from their list.

Trade shows

Thomas Waide & Sons Ltd are to hold a reception and private exhibition on October 9-11 to coincide with Pakex 72. It will take place at the Park Court Hotel, London W2.

A wide ranging display of Waide's packaging materials will be shown including samples of the company's gold blocking and bronzing work and examples of varnishing of cartons and labels.

The reception will be staffed by doctors and senior managers of the company. Waides intend to entertain a large number of buyers of packaging from Common Market countries. This ties in with the company's policy of extending its sales to Europe as soon as the UK becomes a full member of the community.

Further details from the Marketing manager, Thomas Waide & Sons Ltd, PO Box 140, Leeds LS1 1QE.

Rubinstein's grey eyes

To tie in with their autumn "Chimera Look", Helena Rubinstein Ltd, 31 Davies Street, London W1, are introducing Big Grey Eyes kits of shadows (£1.20), comprising Iced Quartz, Slate, Agate and Jasper, and due on sale mid-September.

Bonus offers

Pharmaceutical Specialities (May & Baker) Ltd, Dagenham Essex RM10 7XS, on the 125ml packs of Phensedyl cough linctus and Tixylix children's cough linctus, 20 invoiced as 18 (until February 28). Through usual wholesalers. Higher bonus terms for larger quantities are available through the company's medical representatives.

Lilia-White (Sales) Ltd, Charford Mills, Birmingham 8. Golden Babe cotton wool balls, Golden Babe, pleated wool. 12 invoiced as 11.

Boots Co Ltd, Thane Road, Nottingham NG2 3AA Strepsils, Fenox. Special bonus terms through wholesalers.

May & Baker Ltd, Dagenham, Essex RM10 7XS. Phenergan Compound linctus, 125ml. 10 for the price of 9 until February 28, 1973.

Thomas Kerfoot & Co Ltd, Vale of Bardsley, Ashton-under-Lyme, Lancs. 5 100ml phenoxymethylpenicillin elixir 125 mg and 5 100ml penicillin G syrup 125mg free with £25 orders for a selected list of preparations (see p 336) (until October 6).

Correction

The bonus offer in *C&D* August 19 which applied to Vicks Sinex was incorrect. In fact, Richardson-Merrell Ltd, 20 Savile Row, London, W1, are offering to independent retail pharmacists on direct orders qualifying for 10 per cent to 12½ per cent terms an extra 15 per cent on the first one dozen Sinex.

COMMENT

Fair's fair

"A much better and fairer system"—that is how the Chancellor of the Exchequer, Mr Anthony Barber, describes value added tax in his introduction to the first Customs and Excise *VAT Bulletin*.

But the smaller retailer must surely react with the question "Fairer to whom?" VAT-day is a mere seven short months away, and the start of registration for tax purposes only one month for those at the beginning of the alphabet. Yet it seems that many details of the VAT changeover are even now in the melting pot—and those that do show themselves in their final form have an ugly shape about them.

Nothing has caused more resentment than the schemes being devised to "overcome" double taxation—value added tax being levied on purchase-tax-paid goods. Details of one such scheme, involving sale-or return, have just been spelled out for those whose appreciation of Regulations (in the form of Statutory Instruments) is not all that it might be.

The Customs and Excise explanatory notice tells us that any retailer wishing to take advantage of the sale-or-return system (under which goods remain the property of the supplier and untaxed until "adopted" by the retailer) must "keep records and furnish statements".

First, the records. These must be kept for goods received on sale-or-return terms between October 1, 1972 and March 31, 1973, and must include full details of supplier, dates, quantities, description, "with sufficient particulars to enable the goods to be identified" (including the date and serial number of any invoice, etc). The date and method of disposal of the goods must also be recorded, and the records, supported by all the relevant documents, must be kept for two years.

Next, the statements. These must be furnished to suppliers for the quarters ending December 31, 1972, and March 31, 1973 (and for any intervening periods should the Chancellor feel moved to make a further change in purchase tax rates). The statements must give details of goods "adopted" during the quarter and particulars of goods remaining "unadopted" but still in his possession. Such statements must be furnished within 15 days of the end of the relevant period.

Not surprisingly, Customs and Excise are demanding that the supplier should "ensure that prospective sale-or-return customers . . . can and will comply with these requirements (in particular there must be some method of identifying, by serial numbers or other similar means, the adopted goods to which sale-or-return statements relate)".

No wonder there has been comment from trade organisations that only the larger—dare we say "document conscious" —retailers can possibly benefit from the concession. No wonder some of these larger retailers have been able to promise lower prices from the beginning of the tax holiday: they will have nothing to lose. No wonder the National Pharmaceutical Union has advised its members to reduce their stocks to a minimum between now and the tax holiday, with all the attendant dangers of lost sales.

Chancellor's warning

Yet the Chancellor, even in this first "VAT message" is warning retailers to pass the full purchase tax and selective employment tax earnings on to the consumer, and to ensure they add their mark-up only to the tax-exclusive price—or they may "find themselves undercut by their competitors".

It can be guaranteed that the Government will ensure the housewife is on the lookout for these price cuts, and the well-placed multiple will ensure that she finds them.

In the long run VAT may be a fairer tax. But please, Mr Barber, be fair to all in its introduction.

BOOKS

Pharmaceutical and Cosmetic Firms, USA, second edition. *Noyes Data Corporation,* Noyes Building, Park Ridge, New Jersey 07656, USA. 10½ × 8in. Pp 278. $24.

A list of companies giving their addresses, chief executive, types of materials handled, brand names and indication of size occupies the bulk of the pages. The list is followed by an index of companies, subsidiaries and divisions together with a separate brand name index.

IARC Monographs on the Evaluation of Carcinogenic Risk of Chemicals to Man, Volume 1. *World Health Organisation.* Available in Great Britain from HM Stationery Office, 49 High Holborn, London WC1V 6HB. Pp 184. £0·40.

Many hundreds of compounds have been shown to be carcinogenic in experimental animals but that does not necessarily mean that they are carcinogenic in man.

The International Agency for Research on Cancer is compiling a compendium of potentially carcinogenic substances and making an estimate of the size of carcinogenic risks to man.

Existing experimental data is being evaluated by the Agency which publishes in its first volume 19 monographs. The monographs have been finalised by a group of experts from research centres in a number of countries.

FILMS

Help Yourself. *Distributive Industry Training Board,* Maclaren House, Talbot Road, Stretford, Manchester M32 0FP. Colour. Running time 18 minutes.

The film stars Stratford Johns (Detective Chief Superintendent Barlow of the BBC "Softly, Softly" television series) and also features members of the Bristol City Police who collaborated in the working of the film.

An estimated £225m a year is said to be lost through pilferage in the distributive industry. The film is intended to bring home the size of the problem and to give advice on security precautions and mechanical aids, stock control systems, and the selection and training of staff.

Copies of the film can be borrowed from DITB area offices from the beginning of September. Prints of the film can also be purchased for £60.

New officers

Pharmaceutical committee

South-west London and Surrey. Chairman, E. Thompson; vice-chairman, F. R. Jamieson; treasurer, E. Thompson; secretary, F. C. Wilson, 28 Worple Road, London SW19 4EE.

One pharmacist and his hobby: model engines

The great majority of pharmacists in retail declare that after they have finished a day's work in the pharmacy they have too little time to spare to pursue a hobby, but there are, as always, exceptions to the rule, and one such is Mr E. F. Stratton, proprietor of a pharmacy in East Cowes on the Isle of Wight. His hobby over the last 16 years or so has been the building of model engines.

'Expensive'

Of course he would be the first to claim that he, too, had insufficient time to devote to this pursuit which is extremely expensive in terms of time as well as of money.

From the financial angle he says that as a result of suppressing "an inordinate thirst as well as an addiction to cigarettes" he found there was some spare cash available to acquire the lathes and other equipment so necessary if he was to achieve his ambition of building locomotives. There was also some spare time. That was in 1956 and since then he has built several engines, two of which have won the Isle of Wight Model Engineering Club's championship cup.

Now in his early sixties, Mr Stratton recalls that when he was about eight years old he had the wonderful experience of riding footplate on a Drummond T14 paddlebox down Honiton Bank. "This hot, pulsating, odorous, precise monster left in me an insatiable desire to build steam locomotives", he adds.

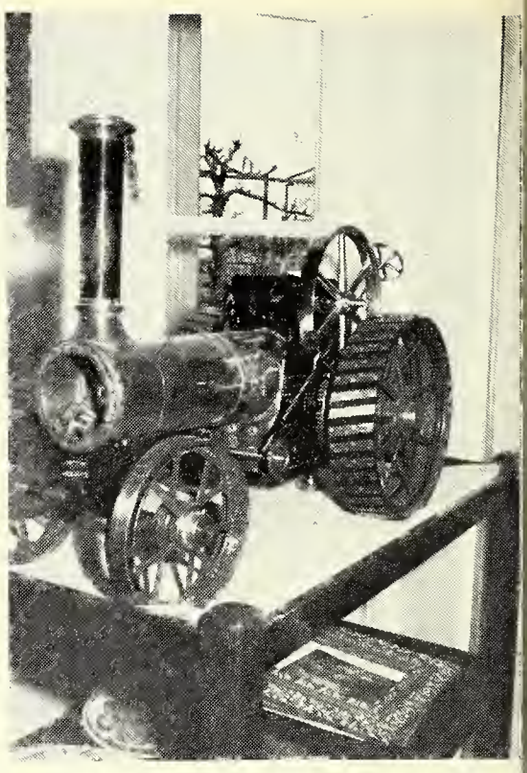
How he came to be on the footplate is explained by the fact that his father was an engine driver on the London South-Western Railway and that, too, might have a bearing on his love for engines.

Mr Stratton hails from Salisbury; he qualified in Edinburgh in 1933 and after a period with Boots, opened his own pharmacy at East Cowes in 1950.

Learning by mistakes

Asked how he got his "know-how" to build the machines he replied he had gained a lot from books but had learned most from his mistakes. He had not received any engineering tuition and had never been in an engineer's workshop. Nevertheless, his advice to anyone asking how they could take up the same hobby is: "You must really want to do it and have extreme patience because you cannot see the wheels turn next week".

At the request of his wife, Mr Stratton made a 1½-inch scale Burrell agricultural engine, the type of engine that was a common sight at threshing days before the diesel tractor took over. This occupied all his spare time for three years. He is currently building a 2-inch scale showman's road locomotive. He admits to "spending days and weeks" studying a drawing and casting, wondering which will be the best way to tackle a problem and then quite suddenly the solution appears. He reckons that the showman will take five years of his time.



The 1½in scale Burrell agricultural engine

On the day *C&D* visited Mr Stratton's home, he had a 5-inch gauge Southern Railway T9 engine on the track he has built in his garden. Towering above them were his runner beans in full bloom.

No one, it seems, will make a fortune in building such models for sale. In 1968 he sent two of his engines to a well-known firm of auctioneers in London, but both failed to reach the reserve price of £1,000 each. However, their value has enhanced considerably since then and he is glad to still have the two engines in his possession.

An essential to a successful hobby he believes, is an understanding wife and in that respect he has been lucky. Perhaps the making of the Burrell model, now to be seen on the sideboard, has helped!

The hobby has brought him untold pleasure and being somewhat "disillusioned" with the pattern of pharmacy today, he is looking forward to retiring as soon as he can so that he can spend more time in his workshop.

Mr Stratton shows his Southern Railway T9 engine on the track he has built in his garden

SPORT

South London and Surrey Pharmacists Golfing Society. Winner of the Verona and Captain's prize at a meeting at Walton Heath on July 19 was Mr F. Jamieson (10-4) 39. Second was Mr George Philp (20) 38 and third Mr Pierce Power (16-3) 38. Other prize winners: 14 and under, Mr Ron Hedges (8-1) 36; 15 and over, Mr Derrick Hobern (18) 37; special, Mr Keith Piddington (36) 36; first nine, Mr Dave Spier (20) and second nine, Mr Ted Jobling (19).

Winner of the Raimes tankard at the Edinburgh Chemists' Golf Club meeting at Baberton recently was Mr E. Wright (28) 70. Best scratch was Mr J. B. McCaig 79.

HOSPITAL PHARMACY FORUM

Biopharmaceutics—what next?

In recent years it has been proved beyond all possible doubt that formulation can, and sometimes does, exert a profound effect on the therapeutic activity of a drug. It is also known that some drugs are affected more than others and that in all probability the effect of formulation on the majority is no more than marginal.

Pharmacists, who claim, with good reason, to have an expert knowledge of the properties of drugs and of their formulation as medicines have coined the word 'biopharmaceutics" to cover the study of factors which determine the biological availability of a drug from its pharmaceutical preparations and the subject is now included in the curriculum for most degree courses in pharmacy. Nevertheless research in the field of biopharmaceutics by pharmacists is subject to severe restrictions and in all probability this accounts for the almost complete absence of published work on the subject emanating from British schools of pharmacy.

Pharmacists sometimes come in for criticism when they claim to be able to advise doctors on the use of drugs in the treatment of disease. Their critics point out that every scrap of the pharmacists knowledge of therapeutics has been obtained at second hand by reading accounts of work done by doctors. No pharmacist is in a position to verify what he reads by experiment, and that must severely detract from the value of the advice he gives. What he is doing, in fact, is to collect and collate facts elicited by doctors and published in journals written by and for doctors, simply in order to pass them on to other doctors.

Tenders

Much the same kind of thing could easily happen in the field of biopharmaceutics and if any proof is needed one has only to observe the proceedings at committees charged with responsibility for the purchase of drugs and medicines for use in the hospital service by competitive tender. Let us assume that several tenders for tetracycline tablets are under consideration. It is reported that all the samples submitted comply with pharmacopoeial requirements but one supplier's price is substantially below the rest.

How is a choice to be made? Most of us who have had experience of this type of committee are only too well aware that more often than not the decision is made by a process not very different from that by which a housewife makes her choice of a washing powder, and that does little to justify the pharmacists claim to be an expert on drugs. In actual fact, assuming that all the samples satisfied pharmacopoeial requirements, and all other things being equal, a scientific assessment could be made quite easily by administering a given dose of each sample to a panel of volunteers (in all probability obtained from the staffs of members of the committee) and plotting a curve of the resultant blood levels against time. One would think that every pharmaceutical student who claimed to have even an elementary knowledge of biopharmaceutics would have carried out this kind of experiment as part of his practical work. In practice very few indeed have done so because of the long established convention that only registered medical practitioners should be permitted to take samples of blood from the veins of a human subject. In the vast majority of cases the procedure is, of course, perfectly harmless, but in the event of a reaction the pharmacist might find himself in an unenviable position. That fact alone must obviously impose very severe limitations on research and investigational work in biopharmaceutics by pharmacists, unless of course they are members of a team led by a doctor who can accept liability when accidents occur.

There is thus a possibility that even in this new field of pharmacy, which only a year or two ago seemed to offer so many interesting prospects, pharmacists may once again find themselves cast in the role of purveyors of secondhand information simply because they are not in a position to make observations at first hand.

LETTERS

Unenlightened

It is with stupified and incredulous amazement that I read no radical changes are needed in pharmacy. The complacency with which the rate of closures is quoted as being stemmed is astounding.

Is any consideration ever given to the patient these days? When all the one man businesses have finally closed their doors for the last time there will be a state of social change and chaos only paralleled by the Black Death. Recently I travelled through the South of England from Gloucester to Hereford and on to Dolgellau.

I was appalled by the closures and lack of pharmaceutical services with the dominance of supermarkets. In my opinion the replacement of a chemist's shop by a betting shop is sheer worship of the Golden Calf.

There is a sign of enlightenment in the world but not in the West. The Japanese Government has issued a report on the principles of educational reform, directed towards the development and happiness of the individual. This is a far cry from the rat race as practised here and the eventual demise of the Pharmaceutical Society.

Norman Butler
Crawley, Sussex

Too critical?

I was pleased that E. C. Tenner, in my view, corrected matters by his approach to the Linstead working party report which was so different to that of your comment, in which I thought you were too critical of Sir Hugh.

I feel that a committee under another chairman, and however composed, would have come to the same decisions as given in the report. I am a little perplexed by the contractors committee decision to be critical of what are the less important sections. But there of course still remains the question, what is the Pharmaceutical Society going to do about it?

Independent

We regret the suggestion that we were too critical of Sir Hugh—we were disappointed with the whole working party's report and not implying that one individual was at fault. The view expressed by E. C. Tenner is that of an independent pharmacist and was published because we recognise that opposing views can be sincerely held.—*Editor.*

Life savers

We note your recent article of Mr Grant's idea for safer medicines and are surprised to see no reference to our well established products based on the emetic combination principle. These preparations are Amylomet, Butomet, Cyclomet and Phenomet, and all combine a barbiturate with sufficient emetine to produce emesis with a high but sub-lethal dose. Over 25,000,000 of these tablets have been prescribed in the last 20 years and no fatalities have been reported using them. There seems little doubt that they have saved many lives.

At present we are investigating more widespread use of the emetic combination principle and have a new formula undergoing trials. Since barbiturates are the major product group responsible for death by drug poisoning, we feel that our present product range if effectively prescribed, could reduce the death toll considerably. A new promotional programme is in the pipe-line and we look to the pharmacist for support in our endeavour to secure safer prescribing by use of established preparations.

Dr R. J. Woodward
British Ethical Proprietaries Ltd
division of G. O. Woodward & Co Ltd
London, SW15

Compatibilities

Please confirm if Mr Blum is currently a proprietor pharmacist, and if so, is he contemplating offering his pharmacy to the Department of Health? Surely his declared view (*C&D* August 26, p 297) is not compatible with private ownership.

Onyx

Introducing

...two solutions to the problem
contact lens discomfo

Quick reporting of statistics by a computer bureau

Some people would say it was an act of faith to get involved with computer systems when your company has a turnover of less than £1 million. Mr Frederick Choppin, chairman of Berk Pharmaceuticals Ltd, thinks otherwise. "At the time, in 1967, we had doubled our turnover every year since we started in 1962, and as a purely marketing organisation our involvement with stocks and sales statistics was taking up too much time. We were determined not to have too many people adding up figures at head office.

"We chose the service bureau as the alternative to installing our own computer because the latter course would have been far too expensive. We plumped for DataSolve because the director concerned had the happy knack of explaining computers in a way that made the subject seem logical and obvious."

So Berk staff got together with systems analysts from DataSolve and worked out programmes for recording sales statistics and stock movements. These were pretty successful and at that time the company got its "feet wet" with computers at a relatively low cost.

To lease or own?

By 1969 Berk's turnover had reached £2.5m. but, more important, they had become a manufacturer of pharmaceuticals and were no longer a purely marketing organisation. A complete overhaul of their systems was therefore necessary. Mr Peter Casben, chief accountant of Berk Pharmaceuticals Ltd, recalls: "We thought about having our own computer department but decided against it. For one thing, the sort of hardware we could afford would not have been sufficiently powerful. Also, we could only support a data processing staff of one programmer and one systems analyst.

"If either had left, that would have been an immediate and serious handicap. And, most important, only a large organisation with a wide variety of work can be expected to attract the best programmers and analysts. For these reasons, and because they had given us good service, we decided to stay with DataSolve." Both Berk and they have grown together, the bureau's turnover having trebled since 1967.

In anticipating the complete overhaul of their systems Berk formed a steering committee consisting of company managers and systems analysts from the bureau. Together they worked out a series of systems covering sales, stock control and production control of pharmaceutical products. With practical experience of computers in the company, Berk Pharmaceuticals found that their people could contribute more to the systems than the first time round.

Interesting development

An interesting development from this co-operation is a system which relates requirements for pharmaceutical raw materials and packaging materials directly to the computer-calculated sales forecast for the finished products in which the materials are to be used. Immediate adjustments can therefore be made to raw material requirements and other components whenever a sales forecast is changed, so eliminating a gap in information between the buying and selling functions which could lead to a loss in company profits.

Perhaps even more interesting is the development of a feedback data collection system at the company's new Shalford factory for recording the movement of materials and the time spent by operators and machines in the manufacturing areas. What happens is that a number of small receiving units are placed in the factory. Each job or batch has a card uniquely identifying it, as does each production machine or team of workers. Whenever material moves or work is performed, the cards are used to feed the information into the machine.

This is passed to another central machine which automatically punches the facts together with the date and time out onto paper tape. Every Friday the tape is sent to the bureau and on Monday morning a complete analysis of the previous week's production performance and stock situation is in management's hands. The system enables all the normal stores and production recording to be sent to the computer directly by the storeman and production personnel rather than the former method, where the information was written onto a piece of paper, then checked, after which all the pieces of paper for the week were collected together, sent to DataSolve, where the information was then punched and verified onto punched cards, then fed into the computer.

These systems have now been in operation for over a year, and others, for about three years. Apart from slight modifications they have not been changed.

A final word from Mr Casben: "When we were acquired by the Revlon organisation last year we came into line with the American style of tight-deadline monthly reporting. Thanks to our computer systems we were able to comply with this without too much difficulty. If we had not had the system. I think we would still be trying to complete last year's reports."

BUSINESS Q & A

I own my business premises which are in a country district and consist of my shop premises with the usual counters and show cases, and a small dispensary at the rear. Over the top there is living accommodation and I have resided there for about 20 years. There is a large garden at the rear and side of the premises. The expenses in relation to the shop are of course far higher than those relating to the living accommodation and garden although these take up much more space. I am now contemplating selling the whole freehold and wish to know if I must pay capital gains tax on the premises in proportion to the expenses which I have claimed.

Capital gains tax arises only on that part of a main residence used *exclusively* for business purposes; this is not necessarily proportionate to the expenses allowed for income tax which are the *expenses* exclusively incurred for business purposes. Thus you can apportion the gain in relation to the proportions of the building used for business and private purposes and in this connection notice that the gain arises only on that part of the premises used *exclusively* for business. Partial use is not enough.

If I take up an offer to acquire shares which I own for shares in another company and cash am I liable to capital gains tax please?

You may be liable to capital gains tax on the cash received as if it were a part disposal. If the amount is very small the Inspector of Taxes has power to ignore it, in which case instead of giving rise to a chargeable gain the amount would be deducted from the cost of the original shares in computing any gain on ultimate disposal.

COMING EVENTS

Monday, September 4

4th International Health Conference, Villa Marina, Douglas, Isle of Man. Until September 8.

Tuesday, September 5

Midlands Region of the Society for Analytical Chemistry, Lecture Theatre, Boots Co Ltd, Pennyfoot Street, Nottingham at 6.30. Subject —"Liquid Chromatography".

Thursday, September 7

Northumberland Branch, National Pharmaceutical Union, The Border Minstrel, High Gosforth Park, at 8.00 pm. Discussion on Linstead Report.

Advance information

Pakex 72—the International Packaging Exhibition. October 9-13. Olympia, London.

The whole nation could go balmy this summer

'Chap Stick' lip balm and 'Chap-ans' hand cream, the highly-profitable chemist-only lines, are to be advertised nationally during the summer months. Hands and lips suffer in summer because they get 'dried-up' and the discomfort and inconvenience of this is stressed in the two campaigns:

'Chap Stick' An adaptation of the successful winter campaign will appear in the 'Daily Mirror', 'Daily Express' and 'Sun' newspapers.

'Chap-ans' A new campaign will break in May and will continue to run during June and July with insertions appearing in 'Woman's Realm', 'Woman's Weekly', 'She', 'Woman & Home' and 'My Weekly'.

The national interest aroused by these campaigns means more customers will be attracted to the retail pharmacy –make sure none are disappointed, make sure you don't miss these 'balmy' profit opportunities–order now from your Robins representative who has attractive bonus terms or from your usual wholesaler.

Further information is available from:
A H Robins Company Limited, Horsham, Sussex.

Chap-ans Chap Stick
soothe sensitive summer skin

Kirby's Orange and Halibut vitamins means extra vitamins for them and extra profits for you.

Vitamins at a lower price. Appealing for your customer, and appealing for you. A higher margin than most leading brands, and the attractive display outer ensures impulse purchase. Presentation: containers of 100 tablets; 1 dozen per display outer. Basic trade price **£3.00** per dozen (no P.T.). Retail 45p each.

AUTUMN BONUS OFFER—2 free packs with each dozen ordered—Your profit 24p per sale.

Even more favourable terms for orders of 6 dozen and over—increases your profit to **25p** each. For gross orders: **26p** each!

Order direct, or from your Kirby Representative.
H. & T. Kirby & Co.Ltd., Mildenhall, Suffolk tel: Mildenhall 713227

UNITED DRUG AYRTONS (DUBLIN)

THE HOUSE FOR ETHICALS

United Drug and Chemical Company announces that the name of its recently acquired Dublin subsidiary, AYRTON SAUNDERS (Dublin) LTD., has now been changed to

UNITED DRUG AYRTONS (DUBLIN) LTD.

Our new Address is:

Distillery Road, Dublin 3. 'Phone 375121

UNITED DRUG AYRTONS

WHOLESALERS TO THE PHARMACEUTICAL TRADE

Stormy IDA meeting unable to vote on new Union's community representation

There were some lively exchanges at the annual meeting of the Irish Drug Association in the Killeshin Hotel, Portlaoise, on July 23 when the president, Mr Alexander Herriott, said that he thought community pharmacists should be entitled to a bigger representation on the central executive committee of the new Pharmaceutical Union than it was proposed to give them under the terms of the draft constitution.

"I do not think that numerically from a democratic point of view, the smaller side should have the same control as the numerically larger one", he said. He was referring to the fact that it was proposed to give community pharmacists a 50 per cent representation on the committee.

Earlier, Mr John Burke had stated it was envisaged that there would be an executive committee of 24 made up of the various groups within pharmacy. As presently stated in the constitution, community pharmacists were to get 50 per cent of the seats. Eight would be occupied by a member representing community pharmacists from each of the Regional Health Associations and the other four community pharmacists would be nominated by the community section committee.

It was envisaged that the union would arrange the election for these areas. One section on which there was a division of opinion was the representation of community pharmacists. The other representatives would be hospital pharmacists and medical representatives (3); wholesale and industrial pharmacists (3); academic and army pharmacists (3); community pharmacy employees (3).

The president recalled that since the last annual meeting, the Association had taken the initiative in arranging meetings between representatives of the Pharmaceutical Society of Ireland and the IDA to form a sub-committee to discuss the formation of the union. The Society was represented by Messrs Corrigan, Miller and Walsh and the Association by Messrs Burke, O'Sullivan and the secretary, Mr Smith. The legal advisers of the IDA were also involved and had met the sub-committee on three occasions and the IDA on four occasions.

To date the sub-committee had met about seven times and the IDA had four special meetings and had been working on the original draft constitution. Since then two further drafts had been supplied by the Association's solicitor and further proposed amendments would have to be cleared by the sub-committee before the constitution was finally submitted to members of the Association for voting on. The sub-committee awaited further advice from their solicitor before this could be effected. The constitution could then be referred to the Registrar of Friendly Societies.

A letter from the Registrar of the Pharmaceutical Society, Mr Coleman, and read at the meeting, stated that at the July meeting of the Council, Mr Miller had stated that the proposed draft constitution had been received and that he had expressed his wish to place on record his appreciation of the co-operation given by the Association. The letter also stated that the president of the Society, Mr Power, had expressed satisfaction at the fact that he would be able to announce at the Society's annual meeting that harmony had existed between the two organisations in relation to the setting up of the union.

The president added that they had a meeting with their solicitor the previous week and another draft was in course of preparation. "Candidly it is a pity that the negotiators tried to tailor the draft of the constitution. I think it would be better if it were built up from the ground because in the series of drafts, substantial corrections have been required and some major adjustments to make the constitution fully coherent. We are now down to the last draft and we should be able to iron out the little points still outstanding".

Mr Burke said the negotiations had been very protracted of necessity. He was aware that a certain amount of impatience had been expressed and some people had hinted that the negotiators were dragging their heels but the position was that there was a mass of detail surrounding a most complex constitution which now appeared to be nearing fruition.

Dissolution rejected

Much thought had been given to the manner in which the IDA could transfer itself into the union. Many people had been crying out for the dissolution of the IDA but they were not the people to dissolve themselves. That was why they had suggested they replace the Association's present constitution and transfer the function of the IDA into the union. This would overcome the problem of a negotiating licence for the union as well as being the least costly and most harmonious way of doing it, without divisiveness. Admittedly it had been time-consuming but it was now approaching finality.

Mr T. R. Miller said that as one of the negotiators he wished to pay tribute to Messrs Burke, O'Sullivan and Smith for their help. There had been many disagreements but that was the essence of democracy. The new union would be a coherent body representing every spectrum of pharmacy. The IDA negotiators had pressed very strongly for more than 50 per cent representation on the committee but his side had disagreed basically because they felt that it would lead to a break down in fundamental unity to give any section a preponderance of representation. To him a union meant a body representing all pharmacists working for the advancement of the profession as a whole. "As far as I am concerned I think it would be a very backward step to give control to one section."

He congratulated the regional groups for having come forward with the suggestion that each group should be represented. That was getting to the grass-roots and the regions were fully entitled to be represented — "it was only right". The union would be unique in that it would be representative of both the employer and the employee. They could not afford to have any disunity. Unity must be their strength and he had no doubt but that pharmacy was the strongest organisation in the country and most loyal. "Let us keep that loyalty", said Mr Miller.

Power to strike

Mr Patrick Fahey (Tullamore) asked if the union had the power to strike and Mr Miller replied that it would have the negotiating licence presently held by the IDA. If it was agreed by the general body, that would be transferred. They had been in negotiation with the Department of Labour and had been assured that the transfer presented no problem.

Mr Fahey said that the Hospital Pharmacists' Association of which he was a member had not the power to strike.

Mr Gerald Roberts (Limerick), asked if the negotiators had applied for the licence and the president replied that they could not do so until the union was established.

Mr Miller reminded the meeting that the Pharmaceutical Society was committed to its members to have the new union established by the next annual meeting in October. He had written to the June meeting of Council explaining that he had been under pressure from members in the provinces who were becoming frustrated at the lack of progress.

When Mr Roberts again questioned the right of the new union to strike, the secretary, Mr B. R. Smith, said they could do so with the licence now held by the IDA.

Mr Roberts stressed that they should be careful to ensure that the union would have the licence as the present one might lapse with the IDA. They should make sure that the IDA was not dissolved until the union had the licence.

Mr Burke said: "We have already cleared that with the Department of Labour".

Mr Charles Ward (Crossmolina) associated himself with the expressions of thanks to the IDA negotiators. After three years he was glad to learn there was a possibility of the union being formed before October. The West of Ireland was one of the areas pressurising Mr Miller because they felt the union was very necessary if pharmacy was to progress, especially with entry into the EEC.

In a tribute to Mr Miller he said he had fought hard to get the union established and pharmacists in general were in his debt.

Mr Burke said that many pharmacists were under the impression that their troubles would disappear with the forma-

Continued on next page

IDA ANNUAL MEETING

Continued from previous page

'Keep the IDA as pharmacy's bulwark'

tion of the union but they would be no better off unless they were prepared to work hard for its success. He pointed out that there had been no representative from the West on the IDA committee for years and he would like an assurance that the eight representatives from the regional committees would give their best to the executive committee.

Mr John McLoughlin (Ballina) said he had come prepared to "slate" the IDA if progress were not reported but now that he had heard the latest developments he would say nothing beyond hoping that by October they would have come together.

The president said: "I do not agree with you at all. As a representative of the central committee I do not think, from a democratic point of view, that the numerically smaller side should have the same control as the numerically larger one. Our negotiators feel that the community pharmacists group are entitled to a bigger representation on the central executive committee than they are getting under the constitution. There would appear to be no means whatever, or if there are, they are very vague, of knowing who represents whom of the other groups. As I read it three people can get together and nominate one another and they are then representatives on the executive".

Mr Herriott declared that he did not wish anything to go wrong with the new union, but if anything did, then as proposals stood everything went—including the IDA. He thought there should be an arrangement under which the IDA should be allowed to remain as a bulwark so that pharmacy would have a bedrock.

Mr Miller pointed out that the elections of the group would be controlled by the executive. It was envisaged that a director general would be employed to ensure that the election of the various groups would be controlled from headquarters. He would like the president to put to this annual meeting whether they wished community pharmacists to have a majority representation on the executive.

In reply to Mr Roberts, Mr Miller said that of the 2,000 pharmacists on the register about 1,200 were community pharmacists, the remaining 800 being divided among the various other categories.

The president pointed out that a lot of pharmacists in the latter categories were living abroad, unlike the community pharmacists.

Replying to Mr P. O'Briain, Mr Miller said the union would not cater for qualified Assistants but would be confined exclusively to pharmacists on the register.

When Mr Roberts commented that it would appear 800 pharmacists were being given the same representation as 1,200, Mr Miller stated that judging by the financial statement there would be very few community pharmacists left if the same pattern continued for some time.

Mr T. Kelliher (Killarney), asked if the the Industrial Pharmacists had an Association. The reply was that they had not but that they were trying to establish one.

The president said that the new draft was with the solicitor and when it became became available the sub-committee would probably recheck it and when finalised it would be presented to all members of the IDA for their comment.

Mr Miller: "Surely you are going to ask this meeting the point you raised yourself —whether the community pharmacists should have 12 or 14 of the 24 seats on the executive? It would give the negotiators something to go on."

President: "What I said is my own personal opinion and I am presenting it to you. The thing is still being negotiated and is with the solicitor and I am not going to do anything more about it."

No chance

Mr Miller, thought that the members were not being given a chance at the annual meeting to express an opinion on this issue.

Mr McLoughlin said they must have a guarantee from the IDA that the matter would be brought to a head in the near future. "Will it be decided next October?"

Mr Miller: "It will certainly, as far as we are concerned."

Mr John Nolan (Navan), said that the only thing holding back the formation of the union appeared to be the representation of community pharmacists on the executive. The president had nothing but the interests of pharmacists at heart. In the North Eastern Region they were of the same opinion as the president that they would be reluctant to relinquish control but eventually they came around in their views having regard to the fact that they were all pharmacists, which was the overriding consideration. They finally agreed they would not have a controlling interest by any particular group and considered that community pharmacy would be adequately represented by a 50 per cent representation. Some of the other groups would play a far more important part than their representation might suggest and he believed they must make the union attractive for all members to come in. "We must consider ourselves as one body and we definitely decided that 50 per cent representation was good enough for community pharmacists."

The president said that he had no more to say about the matter. "I have said what I have to say. It is a personal opinion. The draft is with the solicitor and when it comes back we will get on with the job. Maybe they will turn around and shoot me down."

When Mr Roberts said they did not wish to rush matters too quickly, Mr Miller said there were many matters calling out for attention.

Mr McLoughlin asked if it could be taken that this was a representative meeting of the chemists of Ireland—but the president replied: "Not really".

Mr McLoughlin: "But it is an annual meeting, supposed to represent the chemists of Ireland. Surely there should be some indication from the representatives whether they want 12 or more?"

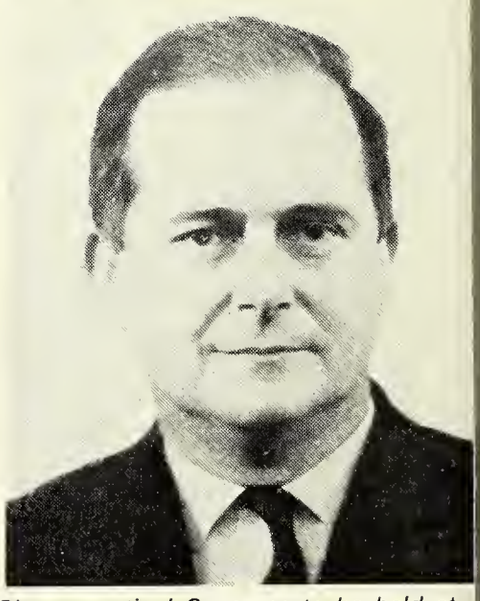
Mr Miller: "In fairness to the negotiators."

President: "This is the third or fourth time I have given my personal opinion. There is going to be no further argument about it."

Mr McLoughlin: "I understand we have given a direction to our solicitor."

President: "The solicitor attended the committee meeting and was directed by the committee. He went through the direc-

Speakers at Tralee



Two of the speakers who will be at the Irish Pharmaceutical Congress to be held at Tralee on October 9. Left is M Boris Brus (President of the Belgian Pharmaceutical Society) who will speak on "Pharmacy in the EEC" and right, Professor Denis J. O'Sullivan who will lecture on "The pharmaceutical aspects of diabetes mellitus"

tions inch by inch. I have said before and I will say again 'I don't think the tail should wag the dog'."

When Mr McLoughlin asked if the negotiating committee had come to a decision and told the solicitor what to do, the president said the committee was still dealing with the matter.

Mr Miller said that when the final draft came back from the solicitor in the near future and if the IDA negotiators then said they wanted more than 12 representatives they would be held up for another year until the next annual meeting of the IDA. He would like this issue put to the meeting now.

President: "It won't be put to the meeting. There won't be any motion."

Mr Miller then invited all in favour of the community pharmacists having 12 representatives to put up their hands and when they did so, Mr Miller asked: "Have you a fair idea now?"

President: "I am not influenced by it one way or the other."

Mr Anthony Toher (Sligo), supporting Mr Miller, asked if it was the opinion of the meeting that everything be done by the IDA to ensure that the union became a reality by October.

President: "I keep on telling you that this is with the solicitor."

Mr Ward said the matter was not finally decided but was a long way from it. They were dissatisfied with the ruling of the chair because the president had been interpolating his personal opinion. He resented that very much. The president must obey the meeting. "We are the IDA, paying £10.50 a year and we must get satisfaction."

Mr McLoughlin: "If we cannot put a motion, how can it be passed?"

President: "If you want a motion, you put it on the agenda. This also happened last year. It was brought up under 'any other business' and it was not a motion. What Mr Miller has done now is to accept a line of thought and you put your hands up as accepting that. That is as far as it goes."

Mr Burke asked if he could take it that the meeting seemed to be in favour of a 50 per cent representation of community pharmacists and members replied: "Yes."

Dr W. E. Boles conveyed the greetings of the president of the Society, Mr Power, who was unable to attend as he was out of the country.

Mr Burke said he was very disappointed with the attendance seeing that there had been such important matters to discuss. The IDA had "taken a lot of the stick" over the past two years and he did not believe any president of the Association had ever had such a difficult job to fill as Mr Herriott.

"Believe me, he has nothing at heart but his responsibilities towards the hundreds of members who are not here today." He paid tribute to the president's leadership and said he did not think any of them realised the sacrifices he had made over the past two years in travelling so frequently from Bandon to Dublin to attend to IDA matters. "I applaud him for his sincerity and his attention to duty."

Irish pharmacists agree VAT is 'unworkable'

Strong criticism was expressed concerning the proposed introduction of value added tax and a motion in the name of Mrs M. Kelly (Dublin), that the measure, as proposed for pharmacists, was unworkable, was agreed to on a show of hands.

One speaker said that a lot of pharmacists did not realise that their profits on the sale of luxuries, such as cosmetics and photography, would be considerably reduced by the operation of the tax. The Association's sub-committee had worked very hard to put their case to Dail Deputies but they had got little support from outsiders because many of them had not read the White Paper and did not know what it contained. They were waiting for others to do the spade-work. Now the Bill was passed and they were all "stuck with it" and the member suggested that she would like somebody to explain how to operate the scheme.

Mr Toher said Sligo Chemists' Association had held several meetings to discuss the tax and had submitted a memorandum to the Minister for Finance pointing out that they were not geared to undertake the complex calculations which would be necessary to compute.

They also pointed out that when pharmacists became involved in the Health scheme they would be involved in quite an amount of paper work and unlike large firms, with specialised staffs, they would not be able to cope with the complexities of the system. They were appalled that it was proposed to bring in the tax in November. Such a tax, he considered, was unworkable in a pharmacy.

Return mail

He suggested that they advise pharmacists not to open the bulky envelopes but to send them back and arrange for discussions with the Department as to what is feasible in the case of pharmacists.

Mr Miller considered it would not be workable to segregate the two taxes in the one purchase of goods where a customer might purchase three items at 5.26 per cent and ten at 16.37 per cent.

Mr Augustine Gleeson (Birr), asked if they could not operate the tax as they did with veterinary lines.

Mr Burke said that something like that was anticipated but it would be on an estimated basis, which he considered unsatisfactory.

Mr R. C. O'Higgins suggested that they seek the support of ordinary traders in asking to have the matter re-considered. A number of household articles which were in the higher tax category were in fact medicines and should be rated at the lesser tax. The Revenue Commissioners for instance had stated that every antiseptic would be looked on as a household remedy.

Mr Ward agreed it would be very difficult to work the tax as the majority were only one-man pharmacies. Would any allowance be made in regard to the purchase of medicines at cost price for the Government under the Health scheme. If these were going to be taken into the over-all turnover, pharmacists would lose heavily.

Mr Burke said they had put that very point to Department officials but got no answer. They had discussed the entire proposals with an inter-Party Committee who were entirely sympathetic to the case made for the pharmacists because there was no answer to it. Eventually the chairman of this committee said they would have to bring the representations to the notice of the Minister, but later a member of the committee told them he was sorry but that the Minister would not see them. Later they were given to understand that the Minister had accepted something which was designed for the EEC operation but not for this country.

Mr Burke said they had conferred with representatives of the grocery trade and Mr O'Higgins stated that the Federation of Trades' Association had also made representations without success.

The president pointed out that the Bill provided for penalties for those who failed to comply with its provisions.

The president in his report spoke of the amount of work which had fallen to the representatives on the Joint Health Services' Negotiating Committee and expressed the hope that when the new permanent negotiator was appointed this burden would be considerably reduced. However, it should be borne in mind that the new committee was supposed to be a contractors' committee and that nobody but contractors should be on it.

He explained that the Association were not opposed to the principle of VAT but only to the impossible technique of implementation. They had two interviews during the year with the Revenue Commissioners and a request for an interview with the Minister for Finance which was refused. In addition they had made representations to Dublin Chamber of Commerce and sent letters to the Minister for Health and to the Medical, Dental and Veterinary Unions regarding the extraordinary definition of the word "medicine" by the Commissioners. They had also approached the Federation of Trade Associations. With such a complex form of tax any pharmacist who thought things would work smoothly after a few teething pains should think again.

The president reported that the 13th round wage increase had been implemented in January and referred to the good relations which had existed between the Association's Union and that of the employees.

Referring to the Price List he said they were having some trouble both in regard to its content and production but considering all circumstances they had been very lucky, with difficulties reduced almost to vanishing point. They regretted that the Irish Management Institute had

Continued on next page

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IDA ANNUAL MEETING

Continued from page 353

'Maintain an ethical approach'

decided to cancel all future lectures and seminars for chemists due to lack of support.

The president appealed to all to observe the new professional scale of charges issued during the year and said that one of the irritations met with daily was to discover that some alleged colleague had either not observed the scale at all or else had reduced it. The Committee had always insisted on members maintaining an ethical approach and consequently another source of irritation was to meet customers who told them daily that they could obtain scheduled poisons without difficulty. "I feel that no member of the IDA would be guilty of this and I ask them to continue to resist pressure to do otherwise."

Reporting the loss of some members the president said in addition some failed to pay their fees during the present year under the impression that the IDA was on the point of closure. He reminded those members that they were morally and legally liable to pay their fees as they had received the services for which they had contracted. During the year 19 new members had joined which was quite encouraging as it showed that quite a number had faith in the future of the Association.

The question of emergency services was considered and while agreeing that means of procuring urgent medicines was desirable the committee did not feel that anything approaching a 24-hour service was necessary. Pharmacists available for urgent work were already well known in each area and it was unlikely that anyone would be seriously at risk under present circumstances.

The president added that the Committee had approached the various hospitals in Dublin doing out-patient dispensing and as a result this practice had almost, if not completely ceased.

The Association, he said, was now registered in Brussels with the pharmaceutical headquarters there, as representing retail pharmacy in the Republic. The invitation to the Association to attend in Brussels and to sign was received too late for any member of the committee to make arrangements to travel but the president of the Pharmaceutical Society of Ireland had agreed to sign for them.

Dr Boles, proposing the adoption of the report, said he sympathised with the committee because of the onerous work involved in connection with the Health scheme; the outpatients' dispensing and the entry into Europe. Everything pointed to more and more meetings.

Mr W. J. Dalton, seconding, said the average member had no idea of the amount of important work being undertaken by the committee on their behalf, with the minimum of publicity. None of the committee members spared himself in furthering the aims and advancements of community pharmacists.

Mr Miller said he was disappointed that there had been no mention in the president's address of one of the most important and far-reaching developments in pharmacy—the Medicines' Act, which would be introduced in the Dail in the near future. He wanted to know what the committee had done in connection with this far-reaching measure which would affect the very livelihood of pharmacists.

The president said that when the Bill was circulated two years ago the Association had submitted its views to the Pharmaceutical Society on it. In his opinion the Bill had major defects and they could start a campaign against it as they had against VAT.

Mr Miller inquired if they had indicated to the Department that they wanted to have medicines sold exclusively through pharmacies?

When Mr McLoughlin inquired why members had not been circulated on the approaches made by the committee in connection with the Bill, the president said they had to have regard to the ruling of the Fair Trades' Commission.

Dr Boles suggested that in future the Committee should circulate a separate sheet with the price list setting out what was being done on behalf of members so that they would be kept informed.

Mr Toher suggested that area representatives should be informed of all activities which would then be passed on automatically to all members. In Sligo they were very much in the dark but they knew the committee was working hard. A confidential report should be sent to the secretary of each local association.

The president said originally such documents were sent out to pharmacists but unfortunately they did not always stay in the possession of the person who received them.

Medicines' Bill

Mr O'Briain said he was unaware of the fact that a Medicines' Bill was even pending in the Dail. It was very important that all members should be fully briefed on such matters, as they might be able to contribute useful suggestions if they were aware that such matters were in the offing.

The president said they would endeavour to have a copy of the Bill sent to each member. It would also be desirable to have information on the British Medicines' Act and the objections which their Association had to it. He said that poisons' legislation would also be introduced into the Bill.

The president added that representations would be made on behalf of pharmacy by the Pharmaceutical Society as to what they considered constituted a medicine.

Mr Miller said that in the Society's submission medicines had been defined as incorporating the whole spectrum from Aspro to the most exclusive potent drug.

Mr Burke said that under VAT medicines which would be subject to the lesser 5.26 per cent tax had been defined as those for human use. Excluded were soaps, shampoos, detergents, bleaches, general insecticides, antiseptics and disinfectants.

Replying to Mr Fahy, the president said they had written to the other professional organisations pointing out what they considered was the extraordinary definition of medicines by the Revenue Commissioners for the purposes of VAT.

When a Dublin delegate complained that she had not obtained a price list since last April, the president said they had done everything possible to get the list out on schedule but they had printing difficulties.

The delegate said they were still getting lists from the manufacturers and this meant having to alter the prices on the Association's official list.

One delegate said that members would not pay their subscription if they were not getting a service and another delegate said that a service supplied under difficulties was better than no service at all.

Mr Miller said it was hoped to have a meeting between Society representatives and the IDA in the near future to have a common policy adopted. It was intended that a joint delegation would go to the next meeting of the organisation in London.

The report of the hon treasurer, Mr D. P. McHugh reported a loss of £5,038 in the running of the Association during the year, which was £3,561 more than in the previous year.

For some years past expenditure had been in excess of income and the annual subscription of £10.50 had remained static since 1964. The Association could not possibly carry on unless the subscription were increased considerably and the auditors had recommended that an increase of not less than 100 per cent should be made to eradicate the serious deficiency.

On the motion of Mr O'Farrell the report was adopted.

Mr O'Briain said they should be thinking in terms of a £20 subscription but Mr Roberts said this would cause a number of members to withdraw.

Mr McHugh said there did not appear to be any alternative to an increase in this region and Mr Miller said that members would get what they paid for. If they wished to have the service and facilities they must be prepared to pay for them. At present pharmacy needed all the facilities they could get and the sooner the better.

Replying to a question, the president said there were 1,070 members.

Mr Dalton said that even with a 100 per cent increase in the subscription he did not see how they could continue to run the Association at its present level.

A member said it basically amounted to whether they wanted the Association to continue or not.

Mr Miller said the Society was committed to having the Union by October, whether the IDA came in or not.

The following outgoing members were re-elected to the committee: Messrs Gardner, Herriott, Hogan, McHugh, O'Farrell and A. B. Smith.

MARKET NEWS

Quinine is again dearer

London, August 30: With cinchona bark in seriously short supply the makers of quinine and quinidine have again marked up their schedules. Quinine sulphate is £4 per kilo dearer and the hydrochloride is up £4·50.

Crude drugs were in little demand during a week which was influenced by the bank holiday. Price changes, mostly in an upward direction, were noted in aconite root, lemon peel and styrax, and for shipment, white pepper, balsam Peru and celery seed.

Among essential oils Ceylon Citronella was dearer. Brazilian peppermint was quoted at the same price for either spot or cif.

Pharmaceutical chemicals

Benzocaine: 50-kg lots £1·48 kg.
Quinidine: Alkaloid (10-kg lots) £47·50 kg; sulphate (50-kg) £45·50.
Quinine: (Per kg in 85-kg lots) Alkaloid £34·25; bisulphate £26·25; dihydrochloride £32·25; hydrochloride £32·50; sulphate £28; hydrobromide (10-kg) £33·40.

Crude drugs

Aconite: Spot £1,125 metric ton; £1,100, cif.
Agar: (lb) Kobe No 1 £0·85 cif; European £0·73.
Aloes: (metric ton) Cape primes £285 spot; £260, cif. Curaçao £775 spot; £725, cif.
Balsams: (lb) Canada: £2·05 spot; shipment £1·95 cif. **Copaiba:** BPC £1·25, Para £0·40. **Peru:** £1·15 £1·10, cif. **Tolu:** BP £0·70.
Benzoin: BPC £40 cwt spot; £38, cif.
Buchu: Spot £1 per lb; shipment £0·95, cif.
Camphor: BP natural powder £0·85 kg spot; £0·80, cif. Synthetic BP £0·57 kg in 500-kg lots.
Cardamoms: (Per lb cif) Alleppy greens No 1, £0·85; prime seeds £0·90.
Cascara: Spot £450 metric ton; no cif offers.
Cassia: Lignea, whole £640 metric ton cif.
Cherry bark: Spot £380 metric ton; £370, cif.
Chillies: Zanzibar £600 ton afloat; £500 cif.
Cinnamon: Seychelles bark £275 ton, cif. Ceylon quills four O's £604·80, quillings £313·60.
Cloves: Madagascar £1,450 metric ton, cif.
Cochineal: Tenerife black-brilliant £6·85 kg spot; £6·75, cif. Peruvian silver grey £5·10.
Cocillana: Spot £0·35 lb.
Colocynth pulp: Spot £700 metric ton.
Dandelion: Root £410 metric ton spot; £385, cif.
Ergot: Spot £3·10 kg.
Gentian: Root £400 metric ton spot; £390, cif.
Ginger: (ton) Cochin £240, cif. Jamaican No. 3 £1,050 spot; £850 cif. Nigerian split £210 spot, £185, cif; peeled £310 spot; £285, cif. Sierra Leone, nominal.
Gums: Acacia: Kordofan cleaned sorts £305 metric ton spot; £280 cif. **Karaya:** No. 2 faq £23 cwt spot. **Tragacanth:** (cwt) No. 1 spot £250, No. 2 £220.
Henbane: Niger spot £430 metric ton; £420, cif.
Honey: (ton) Australian light amber £263, medium £251. Canadian not available. Mexican £246. Chinese light amber £238.
Hydrastis: Spot nominal; £2·30 lb, cif.
Ipecacuanha: (per lb) Matto Grosso £2·50 spot; £2·40, cif, Costa Rican £2·20 spot; £2, cif.
Jalap: Mexican tubers £2 kg spot; £1·95, cif.
Kola nuts: West African halves £88 metric ton spot; shipment £82, cif.
Lanolin: Anhydrous BP minimum 1,000 kg £375 to £415; cosmetic grade £430.
Lemon peel: Spot £280 metric ton; £260, cif.
Liquorice root: (metric ton) Chinese £110. Russian £115. Spray-dried powder £396, delivered. Block juice £431·50.
Lobelia: American herb £785 metric ton spot; £760, cif.
Lycopodium: Indian £2·00 lb spot; £1·75, cif.
Mace: Grenada £0·35 lb. fob.
Menthol: (kg) Chinese spot not quoted; shipment £6·28, cif. Brazilian spot £3·85, afloat £3·80, £3·75 cif, August-September.
Nutmeg: (Per ton, cif). Grenada: 80's £570; sound unassorted £490, defectives £375, all cif.
Nux vomica: Shipment £100 metric ton, cif.
Pepper: (ton) Sarawak black £380 spot; £340, cif; white £555; £515, cif.
Podophyllum: Emodi £370 metric ton cif.
Quillaia: £470 metric ton nominal.
Rhubarb: From £0·30 to £1·50 lb.
Saffron: Mancha superior £84 kg.
Sarsaparilla: Spot £0·63 lb.
Seeds: (ton) **Anise:** China star £175, spot; shipment £125, cif. **Caraway:** Dutch ex wharf £390. **Celery:** Indian £300; shipment £265, cif. **Coriander:** Moroccan £80, cif. **Cumin:** Indian £300, cif. Chinese £235, cif. **Dill:** Indian, for shipment £120, cif. **Fennel:** Chinese £130 (metric ton), cif; Indian nominal. **Fenugreek:** Moroccan £69 long ton, cif. **Mustard** £60-£120 spot.
Senega: Canadian £1·75 lb spot and cif.
Senna: (lb) Tinnevelly No. 3 faq leaves £0·06½; pods, hand-picked £0·11; manufacturing £0·08½; Alexandria h/p £0·52 ex wharf; manufacturing £0·26 nominal.
Squill: White spot £300 metric ton; £260, cif.
Styrax: £2.30 lb spot; £2·25, cif.
Tonquin beans: Para £0·37 lb spot; £0·32, cif.
Turmeric: Madras finger £200 ton; £172·50, cif.
Valerian: (metric ton) Continental £280; £275 cif; Indian £270 spot; £265, cif.
Waxes: (ton) **Bees'** Dar-es-Salaam, spot nominal; £610, cif. **Candelila** nominal **Carnauba** spot £750.
Witchhazel leaves: Spot cleared; new crop £820 metric ton, cif.

Essential oils

Almond: Drum lots £0·68 kg.
Amber: Rectified spot £0·29 kg.
Anise: Chinese £1·50 kg spot; £1·45 cif.
Bay: £8 kg spot.
Citronella: Ceylon spot £1·16 kg; £1·11 cif. Chinese £1·20 spot; £1·10 cif.
Peppermint: (per kg) Arvensis Chinese, spot unobtainable; Oct-Nov £2·60, cif. Brazilian £1·60 spot and cif. American piperata from £1·60.

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Editor Arthur Wright, FPS, DBA

Deputy Editor R. E. Salmon, MPS

Markets Editor W. S. Bowman, MPS, MIPharmM

News Editor Charles Ward

Technical Editor P. J. Merry, BSc, MPS

Beauty Products Editor Hélène de Klerk

Information Services I. H. Cotgrove

Price List Mary Mackintosh

Advertisement Manager James Lear

Advertisement Executives
J. Foster-Firth, MPS
John C. Jackson

Production K. Harman

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(01-353 3212) Telex 27844

Subscription Department,
Lyon Tower, 125 High Street
Colliers Wood, London SW19
(01-542 8575)

Midlands office
240-244 Stratford Road,
Shirley, Solihull, Warwicks
021-744 4427

Scottish office
74 Drymen Road,
Bearsden, Glasgow
041-942 2315

North-east office
Permanent House
The Headrow, Leeds LS1 8DF
Leeds 22841

North-west office
491 Chester Road,
Old Trafford, Manchester M16 9HF
061-872 5151

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A Benn Group Journal

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Pharmacists in Scotland will now be receiving material for their latest health education campaign (See p 374)

'Which?' attack on medicines advertising

"The best way of treating advertisements for patent medicines is to disregard them", says the September issue of the Consumer Association's magazine, *Which?*

The magazine examined Press and television advertising for eight products—and finds that all contravene the principle of the Code of Advertising Practice that "advertisements should not, directly or by implication, be misleading.

"The obvious solution is to make the Code less permissive, and to tighten up the system by which it is enforced.

"However, it may be that the advertising of medicines is too delicate and difficult an area for the advertising to be expected to keep its own drug houses in order."

Some hope for the future is seen by *Which?* through the powers given to Ministers under the Medicines Act (it will be possible for products to be advertised only in the terms for which a licence has been granted).

The products whose advertising is specifically criticised are Sanatogen, Phillips Tonic Yeast, Haliborange, Anadin, Phensic, Phyllosan, Iron Jelloids and Fynnon Salt.

Which? concludes: "It's clear from this short survey that some advertisements make claims for proprietary medicines which can't be substantiated. People who are persuaded by these claims to buy the medicines are wasting their money. Sometimes they might be endangering their health."

'Clean-up' in Ayrshire

In conjunction with the county police, pharmacists in Ayrshire are to stage a "clean-up" of old drugs and medicines. The campaign, organised by Ayrshire Branch of the Pharmaceutical Society, will start on October 2 for four weeks.

The organisers hope to collect as many old medicines as possible and are stressing the many dangers of storing unused medicines in the home. A similar scheme was run a few years ago by the health education unit of the Scottish Office.

Unfortunately, however, the original campaign cannot be continued, so Ayrshire pharmacists have planned their own.

Koscot to appeal

Koscot Interplanetary (UK) Ltd, the cosmetics' company which operated a pyramid selling scheme, has given notice of appeal against the compulsory winding-up order made by Mr Justice Megarry in the High Court on July 31. Its associated Swiss company, Koscot AG has also given notice of appeal against a similar order made at the same time.

When applications by the Department of Trade and Industry to wind-up the companies were granted, the judge commented that the pyramid selling scheme they operated "reeked of cunning and dishonesty".

Hexachlorophane: French controls

France will shortly institute controls on all beauty and toilet products using more than 1 per cent of hexachlorophane, the Health Minister, M. Jean Foyer announced on August 30.

This decision follows the recent deaths of nearly 30 babies after their mothers used talcum powder which contained 6 per cent of hexachlorophane. The deaths (*C&D*, September 2, page 326) had been the result of an accident due to "human failure" in the powder's manufacture.

Good July for chemists

July was a good month for retail sales by chemists compared with the same period of last year. Independents increased their sales by 9 per cent.

Indices for the month were: all chemists, 171 (+ 11 per cent), independents 156 (+9), multiples 196 (+14), Co-operatives 113 (+9). The figures are issued by the Department of Trade and Industry.

The returns do not allow for NHS receipts.

Seen here at a luncheon held for the prizewinners of the Roja "Colourful world of Belle Colour" competition at London's Inn on the Park Hotel are the three runners-up. From left to right: Mrs I. Burrage (P. Burrage, New Barnet, Herts), Mrs M. Buist (C. Daykin, Leamington Spa), and Mrs E. Howard (Mr McGregor Ltd, Shenfield, Essex). The first prize was a holiday for two in Bermuda or £500 in cash. The runner-up prizes were portable colour television sets or the cash value. First prize went to Mrs M. Harrison (John B. Harrison Chemists Ltd, Rotherham, Yorks)

FPA open a clinic/'shop'

The Family Planning Association has opened at the "express wish of the local health authority" a family planning "shop" and clinic in Shepherd's Bush Road, Hammersmith, London. It is, hopes the FPA, a prototype for many.

The "shop" which is open five days a week, gives free supplies of contraceptives. Men are entitled to 12 free condoms a month. Women can obtain free aerosol foam over the counter but the cap and coil have to be fitted by a doctor. If a girl asks for the pill her doctor is informed first.

In an interview in the London *Evening News* a local pharmacy, next door but one, said that they were not happy about the shop. "For one thing, it takes business away from us. These places ought to be on side streets not in full view of everyone."

Too many names?

There are too many names for medicaments. According to Dr Alexandre Manuila, chief, office of publications and translations, World Health Organisation, some drugs may be known by as many as 80 different names

In an interview which appears in the latest issue of *World Health* he says that 50,000 medical terms now form the basic vocabulary of the medical profession.

Dr Manuila points out that the situation is even more complicated than this figure indicates because "at any time in his career, the doctor may come up against a profusion of other specialised terms in the various subdivisions of medicine and allied subjects. The number of such words already exceeds 150,000.

"The trouble," says Dr Manuila, "is that a third of the terms used in medicine are not only superfluous, but also cause confusion . . . Ten or twenty words can be used to describe the same disease, cell or bacterium." At the same time, scientific progress continually adds new terms.

The World Health Organisation is trying to create order out of this chaos by designating a single international name for each drug. France, the UK, USA and USSR now insist that manufacturers label their products with the international name in addition to the trade name, to make them easily identifiable throughout the world.

All countries have not yet followed this wise example, says Dr Manuila, who concludes that agreement on medical terminology must be sought without delay in order to dispel confusion and to facilitate communicaiton in the medical sciences.

Public relations drive launched by the ABPI

The Association of the British Pharmaceutical Industry are making a concentrated drive to get across to the public the important role of the pharmacist in the health team and the contribution made by the pharmaceutical industry to the health of the nation.

During this week a multi-coloured showcard emphasising this fact is being posted to retail pharmacies and the National Pharmaceutical Union is asking that it be displayed as long as possible. An updated booklet, packed with statistics and other facts on the industry, the NHS and the nation's health, is also being posted.

A new leaflet, "Keeping Britain Healthy", is being made available by ABPI in quantity, free, for dispensaries and waiting areas. This tells the patient, in cartoon style, about the correct use and storage of medicines, and says "a pharmacist's advice is good advice". Copies (minimum 100) available from ABPI.

At the Royal Exchange, London, the first-ever public exhibition of the work of medical artists, medical photographers and visual aid specialists is being held September 21-October 4.

The exhibition is sponsored by ABPI as is also a symposium on "Medicines in the seventies" on September 25. The all-day symposium will take place at the Royal College of Physicians, 11 St Andrews Place, Regents Park, London, and there are still some vacancies for pharmacists. Applications for free places should be made to Mr W. McMillan, ABPI, 162 Regent Street, London W1R 6DD.

'Benorylate a useful drug'

"Benorylate appears to be a definite improvement on current formulations of aspirin and should be a useful drug for the treatment of patients with chronic rheumatic disorders", writes a consultant from St Thomas's Hospital, London, in last week's *British Medical Journal*.

The author, Dr D. N. Croft, reiterates that although aspirin is one of the safest and most useful drugs its gastric effects are a problem because of the large quantity consumed.

Probably one-quarter of all cases of haematemesis and melaena in Great Britain are precipitated by aspirin, representing about 7,000 admissions to hospital a year.

Dr Croft assumes a mean blood loss of 1ml/day with continuous aspirin ingestion of 1g/day, and says that the figure when applied to the whole community could mean a gastrointestinal loss of more than 90,000 L of blood a year.

The study lends support to the view that three groups of subjects can be distinguished with regard to occult drug-induced gastric bleeding — 10 per cent of the population not bleeding, 80 per cent who are sensitive to aspirin and lose 2-10ml of blood/day and 10 per cent who are particularly susceptible to gastric irritants and lose more than 10ml/day when taking aspirin.

The majority group did not bleed with Benorylate, the study showed. Properties of the new drug were described in *C&D*, July 15, p.73.

Sulphonamide controls eased

From October 1, it will again be possible for pharmacists to supply certain sulphonamide eye preparations to opticians and those required to keep statutory first-aid equipment.

Preparations containing sulphanilamide and its derivatives were restricted to sale and supply only on prescription under the Therapeutic Substances (Control of Sale and Supply) No 2 Regulations 1971. This was to implement the recommendations in the Report of the Joint Committee on the use of Antibiotics in Animal Husbandry and Veterinary Medicines (the Swann Committee).

The purpose of the Therapeutic Substances (Sulphanilamide Derivatives) (Supply of Eye Drops and Eye Ointments) Regulations 1972 is to permit the sale and supply without prescription of eye ointments containing sulphacetamide sodium to persons under statutory obligations with respect to first-aid rooms or first-aid boxes or cases, and of eye ointments or eye drops containing sulphacetamide sodium or sulphafurazole diethanolamine to ophthalmic opticians for the purposes of their profession or business.

Sulphacetamide eye ointment is exempt S4B, and the eye drops, although still S4B, may be supplied to opticians for administration to patients (not for supply to patients).

UK company aids Philippines

Following the recent disastrous flooding in the Philippines Bristol Laboratories have supplied a large quantity of Kantrexil.

The British company answered an urgent call from the World Health Organisation in Geneva for the antibiotics to be sent to Manila where infectious diarrhoea and dysentery has reached epidemic proportions.

Bristol Laboratories mobilised the resources of their European and American associate companies to help meet the demand and the directors authorised the free donation of a quarter of the required drugs.

Welcome to Keele . . .

Ready to welcome British Pharmaceutical Conference members to Keele University next week are local committee members: (standing, left to right)—Roger Wain, Mrs Doris Turner, Mrs Norma Burrows, Mrs Kay Morrell, Gerald Mee, Mrs Thelma Taylor, Harry Morrell, Miss Joyce Platt, Derek Hammond, Miss Joyce Plummer, Leslie Walton, Mrs Peggy Walton, Ron Malkin; Seated—Eric Burrows (treasurer), Peter Taylor (secretary), Allen Aldington (member of Council), Cyril Turner (chairman), G. Duncan Ross (vice-chairman), Michael Edwards (assistant secretary)

COMPANY NEWS

Lack of sales growth worries NPUM

The chairman of NPU Holdings Ltd, Mr A. Medcalfe, in his annual statement says that the lack of growth of NPUM products "remains a matter for great concern and confirms the belief that NPUM resources need to be regeared to enable them to play a much more active role in creating sales and profit growth for independent retail pharmacists".

On the increasing share of turnover represented by NHS dispensing the chairman says this is a "serious and worrying feature, particularly as the volume of NHS dispensing overall is not increasing in real terms".

Considerable research is necessary before the viability can be established, or the benefits quantified, for a voluntary trading organisation (VTO), but adds Mr Medcalfe, "if independent pharmacy is to be preserved for the future in something like its present form, action is important now".

Currently ways of creating an integrated distribution system based on a low cost warehouse function to enable NPU member to buy on term comparable with those available through other VTOs are being sought.

About 40 per cent of NPU members' purchases are currently made direct from manufacturers. "We must exploit our total buying power in order substantially to improve our marketing ability." The chairman concludes that the NPU is "best placed and probably the only organisation capable of establishing a VTO for retail pharmacy."

The profit, before tax, of NPU Holdings Ltd rose to £19,633 in the year ended March 31, against £15,430 in the previous year. After tax and with £13,312 brought forward £31,391 is available for appropriation. A dividend of 6 per cent is recommended against 5 per cent in 1970-71.

The figures include a dividend of £10,000 gross from NPU Marketing Ltd—in the previous year the dividend was £6,500.

Lucky winners of a competition for the Ovaltine sales force, the prize of which was an all-expenses paid day at the Munich Olympic Games on Sunday, with Mr E. P. Godden, managing director, Wander Ltd (front left) and Mr W. W. Betts, general sales manager, Wander's dietetic foods division (front right)

Hill's take over Henry Sykes

Hill's Pharmaceuticals Ltd, have purchased the entire share capital of Henry Sykes & Son Ltd, Huddersfield, Yorks.

Henry Sykes will continue to operate under their own name with the existing management, so maintaining the customer relationship which has developed over nearly 100 years trading. A move into larger premises at Waterloo Bridge Works, Wakefield Road, Huddersfield, was made on September 4 from which Henry Sykes are now able to supply Hill's range of "ethicals", drugs, and sundries to registered pharmacists only.

Resigns after 23 years

Mr H. R. Duncan, joint managing director of Thos Christy & Co Ltd, has resigned after 23 years with the company because of policy differences.

During his five years as joint managing director he has been responsible for the sales and marketing of the Christy lines and the Norman Hartnell agency. He was also responsible for the company's sales force.

Mr H. R. Duncan

Mr John Glover, joint managing director with Mr Duncan, takes over as sole managing director in charge of production and sales.

Brighter outlook for K&K

There are signs that the pharmaceutical industry is recovering to "something nearer its former level", says Mr M. H. Ostler in his annual statement to shareholders of Kingsley & Keith Chemical Group Ltd for the year ended April 30.

He had previously mentioned that the industry had been badly affected by over-production last year and many pharmaceutical substances had been offered below cost during the period. The company had managed, however, to maintain its position as supplier of both therapeutic and intermediate chemicals during that difficult period.

Medical Supply expands

Agreement has been reached for the acquisition by the Medical Supply Association Ltd, of the share capital of A. Young & Son Ltd, Edinburgh, reputed the oldest established surgical instrument manufacturers in the UK.

Mr John Ross, of Medical Supply, takes over as chairman and managing director and Mr. R. Robertson, present managing director of Young & Son, will join the board of Medical Supply.

Mr Ross founded Hogg & Ross Ltd, in Dundee, in 1944, now a subsidiary of Medical Supply Association (Holdings) Ltd. Mr R. Robertson and his late father have had between them over 100 years' service with A. Young & Son.

HAL expands in India

Hindustan Antibiotics Ltd's project for undertaking manufacture of semi-synthetic penicillins on the basis of a collaboration agreement with American Home Products Corporation (at an estimated cost of Rs 5m) is awaiting governmental clearance.

A project for setting up a second unit for streptomycin production which will double production at a cost of Rs 35m. is also under consideration of the Indian Government. A plan to increase the vialling capacity of the company to 85 million has been sanctioned at a cost of Rs 7.15m.

In brief

Mr C. O. Wood, MPS, High Street, Oxshott, Surrey, is retiring. His business has been acquired by Southmark Shops Ltd, proprietors of the Bridge Pharmacy, Leatherhead. The superintendent of Southmark Shops Ltd, Mr E. A. Hepworth, MPS, has controlled the Bridge Pharmacy, Leatherhead, for nearly four years. Before this he was in the pharmaceutical industry, mainly in the Middle and Far East.

Seamus Kennedy Ltd have acquired Roches' pharmacy, Main Street, Donnybrook, Dublin. The director of the company, Mr Seamus Kennedy, after qualifying in 1959, was attached to Floods' pharmacy in Terenure, Dublin, before transferring to the pharmacy his firm has now acquired. Subsequently he was attached to Super-Pharm Ltd in Ballymun.

Weddel Pharmaceuticals Ltd are moving on September 18 to 4th floor, Salisbury House, London Wall, London EC2M 5XD (telephone: 01-638 6088).

Royal Society of Health is moving to 13 Grosvenor Place, London SW1X 7EN on September 15. Telephone: 01-235 9961.

Lewis & Peat Ltd: Pre-tax profits for the year to March 31, rose from £2·14m to £2·53m, and the dividend is lifted 5 per cent to 35 per cent.

PEOPLE

Mr Eustace-Pedlar, secretary of the Plymouth Pharmaceutical Committee for 25 years, was entertained to a dinner, together with his wife, by the Committee, to mark the occasion. As a token of appreciation of his long and unstinting service he was presented with a pair of silver candlesticks.

Mr Eustace-Pedlar pointed out that he was the second pharmacist to serve this period, his predecessor and apprentice-master being Mr C. Condy U'Ren.

Mr Joseph Cahill, assistant registrar of the Pharmaceutical Society of Ireland, was called to the Bar recently. He becomes the fourth pharmacist on the Republic's register to have earned that distinction. The three other pharmacists who are also eligible to practise as barristers are: the registrar of the Society, Mr J. G. Coleman; Miss Irene Keaney, who engages in dispensing at the Dublin Health Authority's central dispensary in James' Street, as well as acting as an official reporter in the High Court, and Mr Frederick Stanley Watson, a pharmaceutical representative with Glaxo Laboratories (Ireland) Ltd.

Deaths

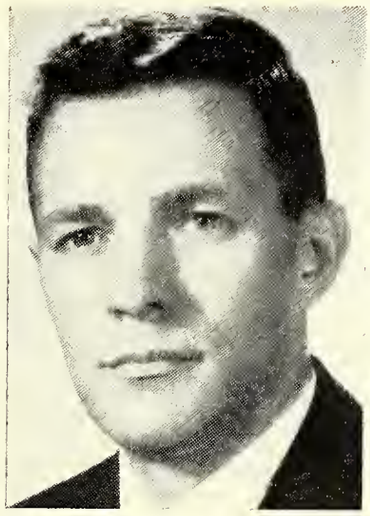
Cullen: Recently, Mr Michael John Cullen, 298 North Circular Road, Dublin. Mr Cullen qualified as a registered druggist in 1930 and with his wife, Mrs Elizabeth Cullen, who is a pharmacist ran a pharmacy at North Circular Road.

Kerkhoff: On August 27, Mr William John Dedicoat Kerkhoff, MPS, 40 Lions Lane, St Leonards, Ringwood, Hants. Mr Kerkhoff qualified in 1925.

Appointments

P. P. Payne Ltd have appointed Mr Jack Telford sales representative in the North-east for their strapping division.

Eli Lilly & Co Ltd: Mr John P. Berdusco has been named director of manufacturing operations at Basingstoke. Mr Berdusco, a Canadian with BA degrees in pharmacy and chemical engineering from the University of British Columbia and an MBA degree from



Mr J. P. Berdusco

Butler University, Indianapolis, USA, formerly held the position of director of research and development for Elizabeth Arden Inc, New York. He succeeds Mr J. E. Hoover who has been appointed to the parent company in Indianapolis.

CIBA - Geigy Chemicals Ltd: Dr Hans A. Kindler, 34, has been appointed managing director in succession to Dr H. U. Meister, who returns to CIBA-Geigy, Basle, as head of group chemical engineering technology. Dr Kindler joins from the pharmaceutical division of CIBA-Geigy Ltd, Basle.

L.R.C. International Ltd: Messrs Brian Lynch and John Roberts have been appointed to the board. Mr Roberts has also been appointed managing director of the subsidiary LR Industries Ltd.

NEWS IN BRIEF

☐ Wheelchairs for the permanently disabled, which have hitherto been issued by the Department of Health only on the recommendation of a hospital consultant, may now be recommended also by general medical practitioners in the NHS and by doctors employed by local authorities.

☐ As part of a "National mastitis awareness scheme" a leaflet is being sent to all dairy farmers drawing attention to the fact that mastitis in cattle can be controlled and indicates that half the cows in Britain have sub-clinical mastitis and losses equal £9 for every cow every year.

☐ A protocol on scientific and technological co-operation between the USSR State Committee for Science and Technology and the Dutch chemical company Akso NW has been signed in Moscow.

Topical reflections by Xrayser

Space programme

We are constantly engaged in a space programme which threatens to leave us with no option but to take over the supermarket next door, and events in the past few weeks have, in the dispensing department alone, thrown up new and difficult problems to aggravate the situation—a situation of growing congestion and bursting at the seams.

To begin with, there is the insidious invasion of the "original" pack of tablets in which we are faced with the dilemma posed by the new product taking up precisely four times the space required by the "bulk" bottle of past years, and that despite statements made on behalf of the manufacturers that such units would be easier to store.

And that has been aggravated by the policy of drug manufacturers in issuing new strengths of either half, or double the original—or both. The mail over the past week or two has brought intimation of a tablet containing 20mg of frusemide to take its place—if a place can be found—beside the well-established 40mg size, the latter already scored for easy division if a half dose is required. And in the next parking lot we now have two different strengths of indomethacin and three of methyldopa. Then there is a new and improved version of a hypertensive containing bendrofluazide, reserpine and potassium, all rolled into one in the form of a package deal. And I note that dosage is one or two tablets, so that in that particular case it is envisaged that the patient may swallow two fairly large tablets, whereas salbutamol, which is very small indeed in the 2mg dosage, has been joined by a 4mg one.

Meanwhile, we cast covetous eyes on the supermarket next door, for while all the new drugs are said to be generally well-tolerated, our tolerance grows thinner.

The plague

Only recently there came into my hands a copy of a lecture given by Dr T. D. Whittet on the role of the apothecaries in the Great Plague of London of 1665. The lecture was appropriately delivered in the tercentenary year of the plague, and although the position of the apothecaries has been acknowledged on frequent occasions, the lecturer has been at great pains to secure documentation of the names of those who remained at their post during that dreadful period.

Many died on duty, but there was a surprising number of survivors, and much more complete lists have been compiled than I should have thought possible. It has been said, and the author repeats the statement, that the physicians fled the West End and took themselves off after their wealthy patients who had removed themselves to more salubrious areas, while the apothecaries stayed with their poor patients in the worst-affected districts.

Some opprobrium has been attached to the physicians for their departure, but it is possible that there were economic pressures of a different kind on both physician and apothecary.

Parallel

There may be something of a twentieth century parallel in what took place in 1940-41 in a time of severe bombing when, as in 1665, all those who could leave the scene were advised to go, children in particular. In the East End there were scenes of horror and death on a large scale amongst people who were unable to leave, much as they may have wished to do so.

NEW PRODUCTS AND PACKS

Over-the-counter medicinal

Reckitts launch Menthalin

Menthalin is a "decongestant handkerchief of non-woven fabric with menthol, eucalyptus and camphor micro-encapsulated into the fibres". It comes from Reckitt & Colman. The handkerchief will sell in packs of 10 (£0·20). The company say it will be available through chemists, grocers, departmental stores, "some tobacconists, and some newsagents".

It is made of a soft non-woven fabric. When the handkerchief is squeezed, the vapours are released, "giving relief to the sufferer". The softness of the fabric minimises soreness around the nostrils and each handkerchief is said to last at least one day.

The product will be backed by one of the heaviest promotions undertaken by the company. Television advertising on all stations begins at the end of October, and women's magazines will feature whole page advertisements. In addition, there will be a special sampling operation through *Woman* in a November issue. Point-of-sale material is being made available (Reckitt & Colman household division, Dansom Lane, Hull).

Cosmetics and toiletries

Eye shadow palettes

Softly, pearlised shadows are the basis of a new range of eye shadow palettes, Blooming Colours (£0·49) from Maybelline. There is a choice of three palettes each containing four shadows which are presented in a slim-line pack with the Maybelline four-sided applicator and special oval godets (Maybelline Eye Cosmetics, White Laboratories, Penarth Street, London SE15).

Two Clairol hair shades

Two new silver shades have been added to the Clairol Loving Care range of hair colourants for "the woman who wants to enhance her grey hair". Silvery-blue cartons distinguish the new shades, Silvery Pearl and Silvery Slate (£0·42) from the other cover-grey shades of Loving Care. The manufacturers claim that even the woman with a sprinkling of grey hair will benefit as Loving Care conditions as it colours. Application of Silvery Pearl and Silvery Slate is the same as for the other Loving Care colours.

A new shade chart, which features the entire shade range is now available, together with a counter card designed to hold one pack of each of the two new additions (Bristol-Myers Products, Stamford House, Langley, Slough, SL3 6EB).

Innoxa products for young skins

Two additions to the Innoxa 41 range of medicated, beauty products are the facial mask 41 and deodorant anti-perspirant 41.

Facial mask 41, say Innoxa, extracts unwanted impurities from the pores and with its bland, creamy medicated formula offers a deep-cleansing treatment to blemished skins—especially young skins. The mask is available only in sachet form (£0·5).

The deodorant anti-perspirant 41 (£0·57) is available in aerosol form and is also aimed at the young market (Innoxa Ltd, New Bond Street, London W1Y 9PF).

Mild hair colourant

PolyGlow (£0·20) is a new, one-step hair colourant aimed at the 16-34 age group. It colours, shampoos and conditions the hair and is available in a range of six shades: Silver Blonde, Light Blonde, Natural Brown, Hazelnut, Light Auburn and Mahogany, lasting through six to eight shampoos.

In addition to a shade guide, a two-tiered counter display unit is available containing two dozen packs of the entire range plus showcard, pack crowner and shelf banker. There will be an introductory discount of 20 per cent on all purchases of PolyGlow during the launch period (Lambert Chemical Co Ltd, Chestnut Avenue, Eastleigh, Hants).

New sizes and packing

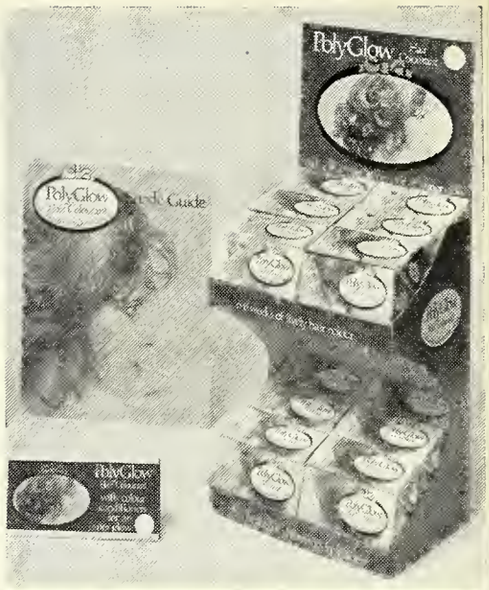
A new size for Perform hair set, in both regular and hard to wave versions, has been introduced. In addition, the D.D.D. company is re-packing the existing sizes of Perform (£0·11) and also their Cosmedin cleansing lotion (The D.D.D. Co Ltd, 94 Rickmansworth Road, Watford, Herts).

Personal hygiene

Nikini product launch

The Nikini Poppet (£0·10) has been introduced by Robinsons to complement the traditional Nikini garment. It is a little "poppet" fastener which securely attaches a Nikini pad (or any other sanitary towel) to ordinary close-fitting or stretch briefs. They are small enough to be carried unobtrusively in a handbag and, say Robinsons, easy to fix into place and unnoticeable in wear.

As an introductory bonus, the Nikini Poppet is being offered for a limited period at the special 20p off price of £1·45 per outer of two dozen. The bonus offer is being operated though representatives only, for on-the-spot cash transactions and such orders not included in the quantity discount scheme (Robinson & Sons Ltd, Wheat Bridge Mills, Chesterfield).



Dietary

Diatetic sweetener

Weddel are bringing to Britain Sionon diatetic sweetener that has been successful throughout Europe for the last ten years.

A combination of sorbitol and saccharin, it can be used as ordinary sugar for making cakes, sweets, jams, marmalade, etc and leaves no bitter aftertaste. Taking its greater sweetness into account, Sionon sweet-as-sugar is cheaper to use than sorbitol and 100g provides 380 calories. Sionon is available in two sizes 200g (£0·29) and 500g (£0·57) (Weddel Pharmaceuticals Ltd, Salisbury House, London Wall, London, EC2M 5XD).

TRADE NEWS

Wellcome pack change
From September 1, the Actifed Compound linctus 125ml, currently available from Wellcome Foundation Ltd, medical division, Dartford, Kent, was replaced by a 100ml (£0·30) size, distributed by the Wellcome Foundation Ltd, consumer division, Crewe Hall, Crewe, Cheshire. Larger sizes of Actifed Compound linctus (500ml and 2L) continue to be distributed by the Medical Division, Dartford, Kent.

Now ethical packs only
E. R. Squibb & Sons Ltd, Twickenham, announce that their over-the-counter packs of Quixalin tablets and suspension have been deleted from their list and replaced by "ethical" packs containing 100 tablets 250mg (£1·50) and 120ml suspension 125mg per 5ml (£0·43). The packs bear the following statement:- Caution: to be dispensed only by, or on the prescription of a physician.

No doctors!
Owing to a printer's error, it was stated last week that a private exhibition of Thomas Waide & Sons Ltd, PO Box 140, Leeds LS1 1QE, would be staffed by doctors. The exhibition—of the company's packaging materials at the Park Court Hotel, London W2, October 9-11—will be staffed by directors and senior managers.

Soaps for Design Centre
M. & R. Morton Ltd., Adriant Works, 155 Merton Road, London SW18, have announced that two of their novelty soaps have been selected for permanent exhibition at the Design Centre in London's Haymarket by the Council of Industrial Design. The products are a "box of four golf balls and acetate packed tennis ball on rope" with face flannel to match.

Ilford at Photokina 1972
Ilford Ltd, Ilford, Essex will be at Photokina 1972 sharing a stand with Gretag of Regensdorf, Switzerland, also a CIBA-Geigy company. They are exhibiting the complete range of the two Ilford photographic papers, Ilfobrom, well known and established in the UK and Ilfomar, a new warm tone paper likely to be available in the UK early in 1973. Gretag are showing for the photofinishing industry the new high-speed 3117 automatic colour printer being exhibited for the first time.

Re-designed Vidor HP batteries
The range of Vidor Hi-Power batteries made by Crompton-Parkinson Ltd, 50 Marefair, Northampton, has been redesigned to give greater in-built protection against leakage and a much bolder presentation of the battery name and type number. The new markings will make it easier to read the type number, whether this is displayed horizontally or vertically, and it is considered that the colours—red and blue—will attract at point of sale.

Recommended prices are unchanged.

Soap Victoriana for Visitors
H. Bronnley & Co Ltd, 10 Conduit Street, London W1, are introducing visitors' size of Soaps Victoriana either in single tablets (£0·11) or in acetate boxes of six (£0.66), containing one of each fragrance, Marigold, Elderflower, Gentian, Mallow, Lettuce and Cucumber.

Glucophage pack discontinued
Rona Laboratories Ltd, Cadwell Lane, Hitchin, Herts, have confirmed that the 50-tablet pack of Glucophage 500mg will be discontinued as stocks become exhausted.

Glucophage 500mg will continue to be available in packs of 100 and 500 tablets only.

Pack sizes correction
May & Baker Ltd's Phenergan Compound linctus is packed in two sizes, bottles of 125ml (£0·20 + PT) and 2 litre (£1·88 exempt from PT).

The 500 tablet pack of Distalgesic is now in a new white polythene bottle with white metal cap. Makers are Dista Products Ltd, Fleming Road, Speke, Liverpool L24 9LN

Bonus offers

The Mentholatum Co Ltd, Slough, Bucks, Deep Heat Rub £0·25 size 12 invoiced as 11. £0·36 and £0·45 sizes, six invoiced as five. Mentholatum balm tins, jars and tubes, 12 invoiced as 11 (until October 31).

J. L. Perl Ltd, 8 Esterbrooke Street, London SW1 O11 Sauna Cologne 6 invoiced as 5. 0852 Vademecum mouthwash 50cc. 10 invoiced as 9.

Radiol Chemicals Ltd, Stepfield, Witham, Essex; Wade Pharmaceuticals Ltd, Springfield Laboratories, Bishopbriggs, Glasgow; Chandis Co Ltd, 5 Great Union Road, St Helier, Jersey, CI. 10 to 12½ per cent discounts on Radian, Radiol, Biovital. See announcement elsewhere in this issue.

PRESCRIPTION SPECIALITIES

NYSTAN-TA cream
Manufacturer E. R. Squibb and Sons Ltd, Moreton, Wirral, Cheshire
Description Pale yellow opaque cream containing in each gram: nystatin 100,000 units, triamcinolone acetonide 1mg in a vanishing cream base
Indications Treatment of conditions where topical corticosteroids are indicated particularly when a risk of candidal infection exists, including cutaneous candidosis and conditions where superinfection with candida may be a problem such as eczema and anogenital pruritis
Contraindications Tuberculous and most viral lesions of the skin, particularly herpes simplex, vaccinia and varicella. Also bacterial skin infections and fungal lesions not susceptible to nystatin
Method of use To be applied to the affected areas 2-4 times daily
Precautions In infants, long-term continuous topical steroid therapy should be avoided as adrenal suppression can occur, even without occlusion
Side effects Local intolerance of triamcinolone acetonide is rare
Storage Between 15° and 30°C, avoid freezing, bears a two year expiry date
Dispensing diluent Consult Squibb if dilution requested
Packs 15g tube (£0·68 trade) and 30g tube (£1·27) **Supply restrictions** TSA
Issued September 1972

NYSTAN-TA ointment
Manufacturer E. R. Squibb & Sons Ltd, Moreton, Wirral, Cheshire
Description Transparent yellow ointment containing in each gram: nystatin 100,000 units, triamcinolone acetonide 1mg in Plastibase (a polyethylene and liquid petroleum base)
Indications, etc As for Nystan-TA cream
Storage Between 15° and 30C°, bears an expiry date of 4 years
Dispensing diluent Consult Squibb if dilution requested
Packs 15g tube (£0·68 trade) and 30g tube (£1·27)
Supply restrictions TSA
Issued September 1972

RYTHMODAN capsules
Manufacturer Roussel Laboratories Ltd, Roussel House, Wembley Park, Middlesex
Description Green/yellow capsules each containing disopyramide 100mg
Indications Control of cardiac arrhythmias, prevention of paroxysmal supraventricular tachycardia
Contraindications Complete heart block. Due to anticholinergic properties the drug may be unsuitable for use in patients with glaucoma or a tendency to urinary retention
Dosage 300-800mg daily for adults in divided doses. Most patients respond to 100mg six hourly. Paediatric use is not envisaged.
Precautions The drug should be used with caution in patients with partial heart block
Side effects Dry mouth, blurred vision, urinary hesitancy. Gastrointestinal irritation may occur
Storage In a cool dry place
Pack Bottle of 100 £3·25 trade)
Supply restrictions Recommended on prescription only
Issued September 1972

PROMOTIONS

Haliborange tablets campaign

The advertising campaign for Haliborange tablets starts October 9 to December 11 and again from January 8 to February 26 with full-colour coverage in women's magazines, black and white support in the national press, as well as television promotion consisting of 30- and 15-second colour commercials (Allen & Hanburys Ltd, London E2 6LA).

Silvikrin repeat offer

Promotion for Beecham's Silvikrin hair spray range is being repeated throughout September and a fourth variant "Protein for Problem Hair" is being introduced. The "25 per cent added value" promotion run in April and May achieved new sales records say the company and, as a result, Beecham are having another "25 per cent added value" promotion this month.

Again the offer applies to all variants in both economy and regular sizes, including the newcomer to the range, "Protein for problem hair" (Beecham Toiletry Division, Beecham House, Great West Road, Middlesex).

Clearasil launch new shampoo

A £100,000 press campaign is being used to launch Clearasil Soft shampoo (£0·49) for greasy hair aimed at their cream medication and cleansing lotion market—the 16-24 age group. The product was first introduced into Sweden in 1969 and is now "their number one shampoo" said a spokesman. Encouraged by the Swedish success, Clearasil Soft shampoo was test launched here in September 1971.

Media support will include national newspapers and magazines, starting September 13 in *Honey* (Richardson-Merrell Ltd, 20 Savile Row, London W1).

Emphasis on elegance

Packaging for the new range of make-up to be launched later this month by Fontarel is grey and white with silver polka dots. The launch of this new range will be heavily backed by advertising in leading women's magazines from October (Fontarel Ltd, Percival House, Pinner Road, Harrow Middlesex).

ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian. E = Eireann; Cl = Channel Islands.

Alka-Seltzer: All areas
Anadin: All areas
Clinomyn: So
Gourmovita: So
Ironplan: E
Reban: All areas
Sandrine: All except E
Setlers: Ln, M, Lc, Sc, WW, So, NE, A, U. G
Tegrin medicated shampoo: So
Tweed perfume: Ln, M
Zoflora: M

Baby corner

☐ To coincide with the introduction of new products to extend their range of Woodward baby products, Sanitas Ltd, have adopted a new display stand from Focal Displays. Manufactured from styrene, the unit comprises two plinths each surrounded by a recess (Sanitas Group Sales Ltd, Sanitas House, Stockwell Green, London SW9).

☐ The recommended retail price for boxes of 120 Savlon babycare nappy liners is identical to the price for the standard box of 100 (£0·46). "Dumper" display containers filled with three dozen boxes will be offered at a trade price of £11·04 and the special box will replace the standard one until the end of 1972 (Imperial Chemical Industries Ltd, Imperial Chemical House, Millbank, London, SW1).

Success for Three Wishes

It is now one year since the test market launch of Three Wishes, the new bath liquid from A. & F. Pears. Launched in the Southern TV area on September 13, 1971 the company reported an encouraging response and acceptance by nearly 100 per cent chemists. They also claimed that during the test launch period they achieved twice the level of display as the then market leader. And only three months after the test launch, Three Wishes had sold considerably more bottles than any other brand.

That it fulfills a need for an all-in-one product is obvious. Bathtime, it seemed, was becoming a complicated affair. A foam producing agent which softens the water often did not soften the body whereas normal bath oils which condition the skin tended not to produce foam and made cleaning the bath a time-consuming, greasy business.

Three Wishes, however, contains two separate liquids in one bottle; one contains the bubbly cleanser to soften the water, the other the "soluble lanolin" to soften the skin plus a choice of three fragrances. Each bottle (£0·39) contains enough liquid for 12 baths.

Confidence in the new product is shown by one of the biggest promotion appropriations for a bath liquid—£175,000 in six months. Press coverage includes national television beginning September 25 with 30-second colour commercials and full-page insertions in relevant journals. Display pieces available are counter display unit, four-tier floor stand, wall cards and shelf-barkers. A sales unit contains six bottles.

The company's expectations are high. Said a spokesman: "We have every assurance that Three Wishes will outsell all other bath liquids as it has in the test market as well as expand even further an already dynamic market sector" (A. & F. Pears Ltd, Hesketh House, Portman Square, London W1A 1DY).

Original photograph circa 1920

This could have been Gladys Pearson's last picture

Fifty-five years ago Gladys Pearson was diagnosed as a diabetic. Gladys was condemned to a life of almost impossibly rigid diet, with many spells of hospitalisation. The outlook for Miss Pearson was bleak.

But in 1921 Banting and Best made a discovery of tremendous importance: they demonstrated the vital role of insulin.

Soon after this discovery Burroughs Wellcome commenced manufacture of the essential hormone in the UK. Consequently, Gladys and other diabetics were soon able to benefit from this breakthrough. Except for brief non-insulin periods of treatment in the early days, Miss Pearson has been prescribed Wellcome* Insulins since they were first manufactured.

The use of crystalline insulin was pioneered by Wellcome whose considerable pharmaceutical experience, expertise and extensive production facilities have contributed fully to the comprehensive range of insulins that are the lifeline of diabetics today.

[Recent photograph]

Wellcome Insulins

Full information about WELLCOME Insulin is available on request.

*Trade Mark

Wellcome

Burroughs Wellcome & Co.
(The Wellcome Foundation Ltd.)
Berkhamsted, Herts.

Scottish pharmacists well ahead with health education

A promising start has been made in Scotland in involving pharmacists in health education, one of the results of the close liaison which has been established between the Scottish Department of the Pharmaceutical Society of Great Britain and the Scottish Health Education Unit (SHEU). The unit, a branch of the Scottish Office, was set up four years ago with the object of promoting health education in a new and vigorous way.

Up to this Summer Scottish pharmacists have taken part in five health education campaigns organised on a national scale by SHEU, including those concerned with: disposing of unwanted medicines, measles vaccination, general immunisation and dental health education. Posters and leaflets are distributed free of charge for display and handing out to patients and where appropriate pharmacists are supplied with an explanatory leaflet setting out the rationale behind a particular campaign. The SHEU "fact sheet" on measles vaccination, for instance, gives concise details about: the need for vaccination; nature of the vaccine; method and number of injections; age group; adverse reactions; relation to other immunising procedures; contraindications and the duration of effectiveness.

A meaningful campaign

Such information makes a programme more meaningful for the pharmacist and enables him to put people who respond to the campaign in the picture.

Material is issued via Scotland's 35 Health Executive Councils as far in advance as possible of each campaign. Response is variable, ranging from the wholehearted effort which went into the 1970 "Springclean for safety" campaign and led to the collection of more than four million unwanted tablets, to the fifty-odd requests for further material received in connection with a recent immunisation programme. On the other hand officials of the Health Education Unit seem satisfied that posters are invariably put on display by pharmacists even if leaflets are not handled in any great bulk, and this alone is seen as a valuable contribution.

The unit's staff firmly believe that the health professions are vital in health education programmes; publicity campaigns need professional support.

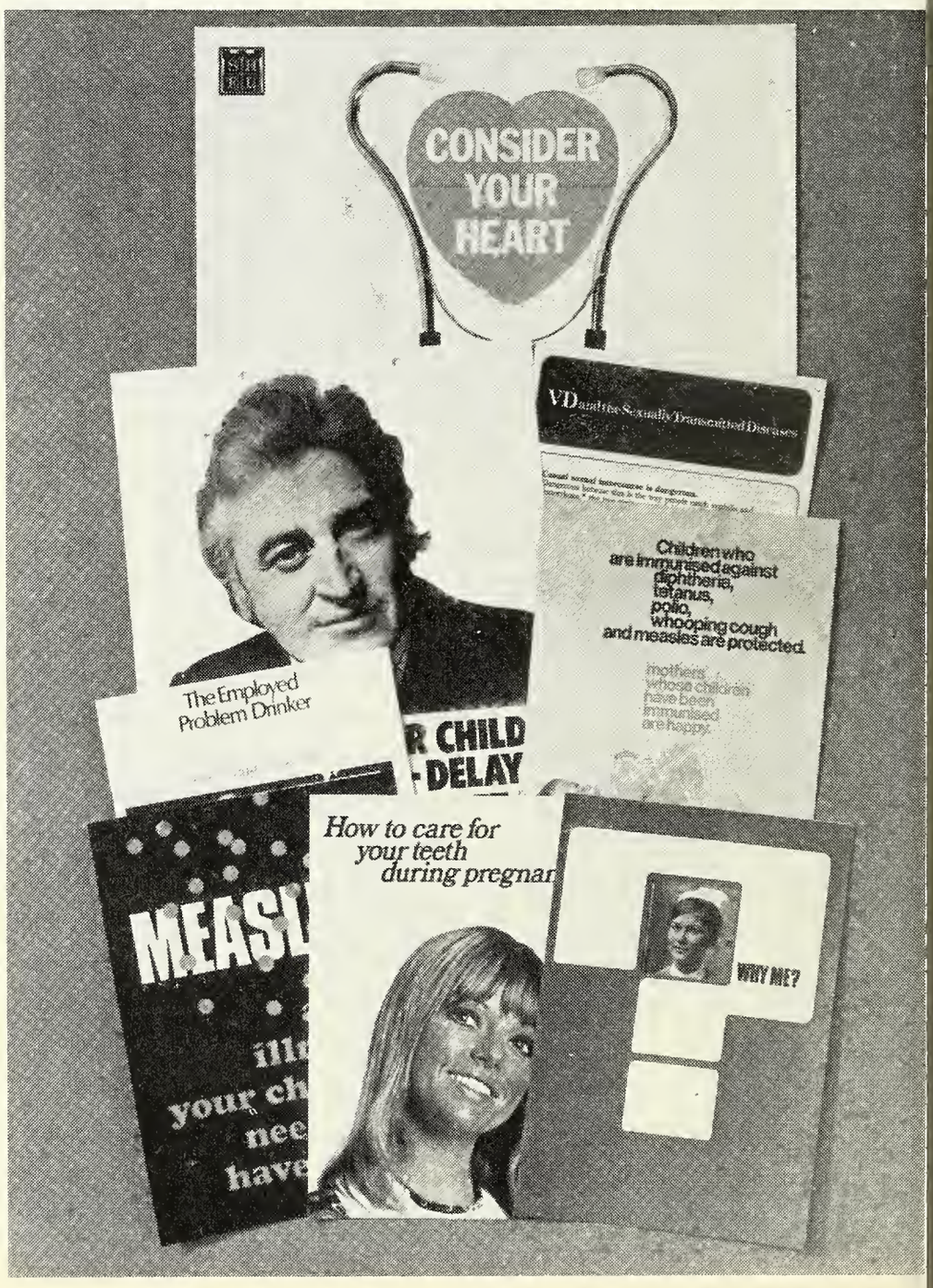
"Health education is nothing if it is not a partnership between communicators at the centre and a person whom the patient considers knowledgeable in the subject," Dr Alfred Yarrow, director of the Health Education Unit, said recently.

"A good working relationship is being established between the unit and local health educators throughout Scotland and we are grateful for the co-operation of our pharmaceutical colleagues. We believe they have a very valuable contribution to make."

Dr Yarrow paid tribute to the enthusiasm shown by Mrs M. Lakie, staff pharmacist to the Scottish Department of the Pharmaceutical Society and to the efforts of the late Dr George McMorran in helping to maintain liaison between the Society and the unit.

The Scottish unit's function is of course analogous to that of Health Education Council for England and Wales, its remit being: to consider which health education subjects should have attention at national level and the priority and weight which should be accorded to each subject; to draw up health education programmes for promotion at national level with support from outside interested bodies; to provide health and education authorities with help in health education projects of their own (this includes the production and distribution of publicity material); to promote and conduct research, evaluate health education activities; and to promote greater concern for health education in the training of doctors, pharmacists, dentists, nurses, teachers, and others concerned with the promotion of health.

The first mass media campaign concerned with measles vaccination—the first since vaccine became generally available—was carried out just over a year ago with the active support of Scottish pharmacists. No one underestimated the enormity of the task: promoting immunisa-



tion against a disease which most people believed to have little consequent morbidity, combined with the fact that a particular brand of vaccine was withdrawn in 1969, presented the campaign organisers with a problem of more than usual complexity. In the event, expenditure of some £7,000 (a relatively modest amount even in Scottish terms, where advertising costs are rather less than in the south) was supplemented very substantially by local authority spending on local newspaper announcements and donation of free advertising space on public transport.

Dr Finlay called in

Evidence of general immunisation returns falling, in some counties and large burghs, to an unacceptable level prompted the unit to utilise the glamour this year of television's "Dr Finlay"—Scots actor Bill Simpson—in a television and Press campaign urging parents to act responsibly in having their child protected.

The attention of expectant and nursing mothers was drawn to their entitlement to free dental treatment in a campaign held in January and February of this year in which pharmacists gave help. More than 200,000 leaflets and posters were distributed altogether, a response which is regarded as quite encouraging.

"Shorten your shopping list by adding family planning" was a theme of a family planning campaign concentrating on south-west Scotland in March-April 1971, when television was used for the first time in Britain to draw the attention of people to the availability of contraceptive advice and facilities. Results are essentially long-term of course, but it would seem that sales of protectives have risen twice as much in the south west as in the rest of Scotland. Similarly the rise in attendances at Family Planning Association clinics was twice as high in the south west as in other parts of Scotland, and the unit is grateful for the support of pharmacists who responded to a request for help in allowing a short-term evaluation of the campaign to be carried out.

A further family planning campaign concentrating on west central Scotland, will begin in October and the co-operation of the Family Planning Association, Catholic Marriage Advisory Council, local authorities, contraceptive manufacturers and others is being sought. It is hoped that pharmacists will again be able to participate in the campaign.

Much emphasis has been placed in the past on cigarette smoking and alcoholism, sources of some of Scotland's most serious health problems. The unit was responsible for making the first British anti-smoking "commercial" for a television campaign in 1970 which drew the attention of parents to the example they can set in influencing youngsters against cigarettes. This effort has been followed by further mass media exercises which have concentrated on the association between non-smoking and sporting prowess; the financial benefits of not smoking and minor health hazards connected with the smoking habit.

A unique programme designed to alert women to the risks to both mother and foetus of smoking during pregnancy was carried out in 1971 in conjunction with hospital authorities, family doctors and local authority health workers throughout the country and a before-and-after evaluation is currently under way in two Edinburgh hospitals.

"You're smoking for two" declares a SHEU leaflet picturing a pregnant woman smoking. On the reverse side is a picture of her baby with the added message: "But you didn't ask him if he wanted one . . ."!

Dr Alfred Yarrow, the SHEU's director, came from local authority work in Essex and Tyneside to take up the post at its inception; working with him is a small staff of professional officers including an educationalist, Press and publicity officer and research officer together with administrative and clerical staff.

Campaigns are devised in association with a consultative committee of Medical Officers of Health and a small Dental Advisory Committee. A group of senior civil servants including Sir John Brotherston, Chief Medical Officer to the Scottish Home and Health Department, advise the unit on matters of policy and finance. Liaison is maintained with many professional bodies, most of whom have been associated with the unit's programme of campaigns.

The unit is engaged in a continuous self-examination to assess the effectiveness of its work. Thus publicity material is subjected to close scrutiny both internally and externally. The first element in planning a campaign is to establish the type of audience that is being dealt with —planners must be quite clear about the audience's make up and how they are going to react. Put in the appropriate jargon the principle of "social diagnosis preceding health education treatment" must be applied.

Assessing the impact

Public reaction to a number of campaigns has been studied by students in the department of marketing at the University of Strathclyde, who undertake the work as a class project and the information is useful as reference material for later programmes. According to a survey carried out by the department after the first anti-smoking advertisements on television, for example, six per cent more women considered themselves non-smokers after the campaign compared with the findings of a similar survey carried out a year earlier.

Sharing the unit's premises at 21 Lansdowne Crescent, Edinburgh, is the Scottish Council for Health Education which was reconstituted in 1968 to expand its work of providing training for staffs of local authorities and others concerned with educating the public in health matters. Officers of the council see their role as complementary to that of the unit and, as might be expected when they are in such close physical proximity, a sound working relationship has been established between the staffs of both organisations.

A constant exchange of views and experiences between the two helps provide the sort of framework within which community health education activities can best grow.

Keele Conference timetable

The following are the major events of the British Pharmaceutical Conference at Keele University next week.

Sunday

9 am-10 pm: Conference office open at 7.0 p.m.: Conference club.

Monday

9.45 am: Opening session. Welcome by Lord Mayor of Stoke-on-Trent, addresses by Mr J. P. Kerr, (president) Sir Keith Joseph (Secretary for Social Services).

11.0 am: Scientific address. Mr K. A. Lees on "Pharmaceutical product development — the management problem."

2.15 pm: Science sessions.

8.0 pm: Civic reception, King's Hall.

Tuesday

9.30 am: Professional session. "Manpower requirements in pharmacy", Mr J. P. Bannerman. Science sessions.

2.0 pm: Discussion forums. "Training of the analyst. What do we need and what are we getting?" and "Drugs used in the treatment of depression". British Society for the History of Pharmacy, "Chemistry and Pottery".

4.45 pm: Science group meeting.

8.0 pm: Barbeque, Trentham Gardens.

Wednesday

9.30 am: Professional sessions. "Co-operation between general practice and hospital pharmacists", Mr D. C. Mair and Mr C. Hetherington (on 24-hour service); Mr R. G. Worby and Miss A. D. Pritchard (on out-patient dispensing); Mr E. J. W. Cuer and Mr G. Calder (on involving general practice pharmacists in small hospitals).
"Career opportunities for pharmacists engaged in the pharmaceutical industry". Mrs P. C. Turnbull (on product registration); Mr D. Godfrey (on marketing); Mr W. G. Thomas (on research and development). Science sessions.

11.30 am: Golf.

2.15 pm: Science sessions.

Thursday

9.30 am: Conference lecture "Pollution in perspective", Dr D. Train.

10.30 am: Conference excursion to Chester.

8.0 pm: Bedford Singers (University Chapel).
Guild of Hospital Pharmacists reception.
Institute of Pharmacy Management reception.

9.30 pm: Conference club.

Friday

9.30 am: Symposium session. "Cannabis", Professor J. W. Fairbairn, Dr F. Fish, Professor W. D. M. Paton.

2.30 pm: Closing session.

8.0 pm: Conference ball.

The pain chain.

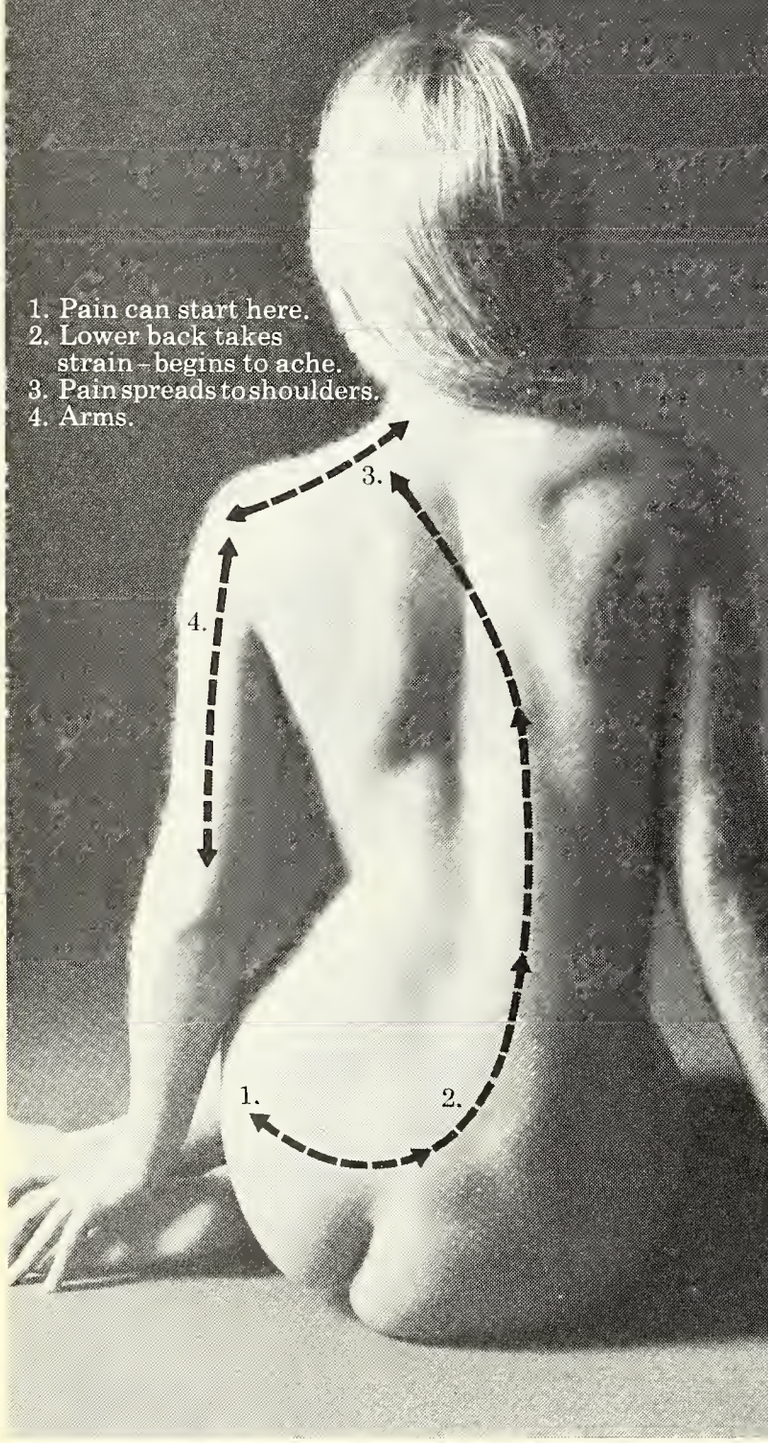
What is it?

A lot of your customers could be suffering from a rheumatic chain reaction.

Quite unconsciously their bodies compensate for pain by nursing the particular ache.

This leads to a slightly unnatural posture, putting secondary strain on another part of the body.

Result? Pain there, too.



Why it means greater sales for Radian-B.

Radian-B acts directly at the trouble spots – to bring quick relief.

As the relief comes, the need for the body to compensate is removed.

The pain chain is broken.

Radian-B will be putting across this message with a completely new campaign.

Using bigger spaces.

Using mass-circulation papers like the Daily Mirror. The Sun. TV Times.

Using new dramatic point-of-sale material.

It all adds up to a lot more sales for Radian-B.

And a lot more profit for you.

Up to 12½% extra discount if you order now.

Parcel No. 1.
(Minimum order £8).
Any combination of Radian/Radiol products – 10%.

Parcel No. 2.
(Minimum order £12).
Radian/Radiol plus Biovital (Min. 6 bottles) – 10%.

Parcel No. 3.
(Minimum order £25).
Radian/Radiol plus Biovital (Min. 12 bottles) – 12½%.

Send your order to:
Radiol Chemicals Ltd., Stepfield, Witham, Essex.
Scotland:
Wade Pharmaceuticals Limited, Springfield Laboratories, Bishopbriggs, Glasgow.
Channel Islands:
Chandis Company Limited, 5/7 Great Union Road, St. Helier, Jersey, Channel Islands.

Radian-B:
Quick relief where it hurts.

COMMENT

What the Scots can do . . .

Health education is concerned with persuading people to do things which are either troublesome or distasteful, and encouraging them not to do things they want to do—taking care of teeth, seeking vaccinations, giving up smoking and not over-eating, are some of the things that come to mind.

Perhaps it is a task which is sometimes over-glamourised and is certainly on occasion associated with spectacular publicity material. But the ideas only really start getting through if adopted by the whole "health team" for re-installation into those with whom they come into contact.

The activities of "health educators" in Scotland (p 374) illustrate how effectively the education process can be tackled and the way the pharmacist can contribute; furthermore Scotland has exposed serious inadequacies in health education programmes in England and Wales.

At its inception four years ago the Scottish Health Education Unit set out with "a new and vigorous approach" that has been quite successful. At about the same time the Health Education Council for England and Wales came into being.

There are, and have been, health education efforts in England and Wales but these are often motivated by individual local authorities, Executive Councils or by members of the pharmaceutical profession. The HEC impact has been imaginative but mainly visual—the pregnant man (*C&D*, July 22, p 105), the vivid illustrations of spent cigarettes, etc—this visual propaganda is certainly expensive, but we doubt if it can be really effective without the enlisted support of the health professions.

The additional professional involvement in Scotland is the vital difference between SHEU and HEC activities. Other factors make Scottish health education aims vary slightly with those in the south (for example, Scotland has to contend with high alcoholism figures) but these factors do not account for the evidence that Scottish health education appears to be working more effectively than that in England and Wales.

The Health Education Council will, according to the recently published NHS White Paper, "continue to provide a national focus and centre of activity"; but at the moment as far as the pharmaceutical profession is concerned an active "centre" has never existed. To receive education material the pharmacist himself has to approach the Council and sometimes even has to pay for it! That is despite the £500,000 budget the Council works to annually. Also despite formal approaches there is no pharmaceutical representation on the HEC.

In Scotland there is close liaison with all the professional bodies; the SHEU director, Dr A. Yarrow, regularly writes to each pharmacist in the country enlisting his or her support in campaigns.

During the financial year 1970-71 about 60,000 leaflets and posters on various health subjects, produced by SHEU, crossed the border following requests for material by local authorities, hospitals, schools, and others in England and Wales.

The Scottish unit has shown how much can be done with a modest capital outlay and the degree to which the pharmacist is prepared to be involved with handling and displaying health education material. The pharmacist's involvement in centrally organised campaigns and the vital encouragement for him to handle and display HEC material is what is lacking most in England and Wales. Every general practice pharmacist probably spends longer than he realises performing his advisory function. More visual proof and support for that function by the "educationalists" would help all concerned.

LETTERS

Working party

Having read Dennis Corlass's letter (*C&D*, August 19), I am prompted to ask if he expected anything different when he saw the composition of the party.

Mr J. Wright (and other members of the group) are on record as telling us we have a good contract and are well paid for our services.

Every chemist contractor I have spoken to is dissatisfied with the set up; it is up to us to change the representatives and demand a fair deal for the small man. As Mr Corlass says, the multiple can and does buy at a quite substantial discount, giving him far more than a 9.8% on-cost.

The contract we have is a one-sided affair. It is based on a 49½-hour week (Mr Feather please note) and over 24 years it has not varied to improve the terms. To the contrary, when the contract was made, on-cost was 25%; now it is less than 10%.

The smaller contractor who dispenses less than 1,800 items per month (the majority I suspect) support the large who have a good return for their outlay. If every contractor demands a new negotiating machinery we will get it.

The present contract is destroying pharmacy, and unless something is done now there is little or no future for us.

Mr Wright should look to the continent and see the way France, Italy and Germany operate. Not only do pharmacists have a good livelihood, but they are respected as members of a profession within the community and not just as shopkeepers as in the UK.

I suggest the members of the working party discard their tinted glasses and take a look at the real position of pharmacy within the Health Service. Perhaps they might not be so complacent then.

Alan H. Law
London SW19

Please turn over

The face of a prescription often provides a puzzle for the pharmacist, the reverse a puzzle for the patient.

The attached* provided me with a chuckle and so I send you a photocopy for your amusement too, I hope.

W. Hook
Sittingbourne, Kent

* This was photocopy of the reverse side of an EC10. In the space for name etc was written "ASS OVERLEAF".—*Editor.*

Another counter Cut

"A packet of 'Safe and Sound' please!"

"A packet of what?"

"'Safe and Sound'. I've 'ad 'em before. They're for constipation."

A moment's reflection and I produced a packet of Sure Shield laxatives. "These wouldn't be the ones, would they?"

"Yes! That's it. They're the ones. I asked for 'Safe and Sound' didn't I? Ho-ho-hoo! I did, didn't I? Ho-ho-hoo!"

J. T. Marriott
Hemel Hempstead

Technicians postal course gains its first success

Mrs Cheryl Lintott, working at the pharmacy of Mr P. Coles, Hitchin, Herts, is the first student to gain the City & Guilds of London Institute dispensing technicians certificate, after following the correspondence course provided by the Pharmacy Assistants Training Board.

The PATB course — intended for students who cannot get to a college offering a part-time course—has been going just under two years, and Mrs Lintott was the only candidate ready to sit the examination this year. At present there are about 60 students registered, and many of these should be sitting in June 1973.

Mrs Lintott, who has achieved a "pass with credit" in the examination, has been at Bell Chemists (now owned by Mr Coles) since leaving school with nine "O" levels four years ago. She told *C&D* that she had been waiting two years for a correspondence course to become available —the alternative would have been day-release to attend a course in London 35 miles away.

Recommended

Recommending the course to other eligible pharmacy staff, Mrs Lintott said: "Work becomes more interesting if you know more about it". The course itself she found easy to follow—but preferred to do most of the theory at home.

Mr Coles is also highly satisfied with the course—his only complaint that some of the practical work demanded ingredients seem unobtainable!

The City & Guilds dispensing technicians certificate (No 738) has been designed for part-time day release over three years. Exemption from the first year of "introductory science" can be obtained by those with the equivalent of three "O" levels, preferably including chemistry. This exemption is essential for the PATB correspondence course, which covers only the second and third years' work.

Most City & Guilds courses are essentially practical, with the theory to back up the practice, unlike the national certificates (HNC, HND, etc) which are educationally-based and may lead on to higher qualifications. There is no means of C&G pharmacy or dental technicians becoming pharmacists or dentists, for example, whereas the national certificates are often a step towards qualification in the relevant profession.

During the two years of the course, whether internal (attending a course) or external (by correspondence), the student studies dispensing techniques, calculations, forensic pharmacy, physiology and pharmacology. The two latter subjects comprise about half the theory course, and are intended "to provide an empirical knowledge only of the different natural processes and diseases, and an outline of the way in which drugs can be used in their treatment.

"The whole course should provide the student with a general picture of the uses of the different drugs, to enable an intelligent appreciation of medical literature and patients' questions to be made, with a view to the safety of the public. In particular, the student should be aware of the limitation of his or her knowledge", says the certificate prospectus.

The PATB course differs from normal correspondence study in that it is all conducted under the personal supervision of a pharmacist. It is a requirement that a pharmacist be appointed to act as supervisor (it may be the employer, of course). The equivalent of 180 hours per year over the two years of the course (about half a day a week) must be made available for the student to study and carry out practical work during the normal working week.

The supervisor is expected to help the student follow the course and to give instruction in the dispensing procedures. Students are required to keep a record of their practical work, which must be certified by the pharmacist and sent to the PATB at least once a year for checking and comment.

The student is provided with all the necessary study materials for the theory, but the employer provides materials and equipment for practical work. Each month the test papers completed by the student are returned to the PATB for marking and comment by external expert correspondence course tutors. Mr E. J. Downing, PATB secretary, reports that the quality of the papers that are being received is very good.

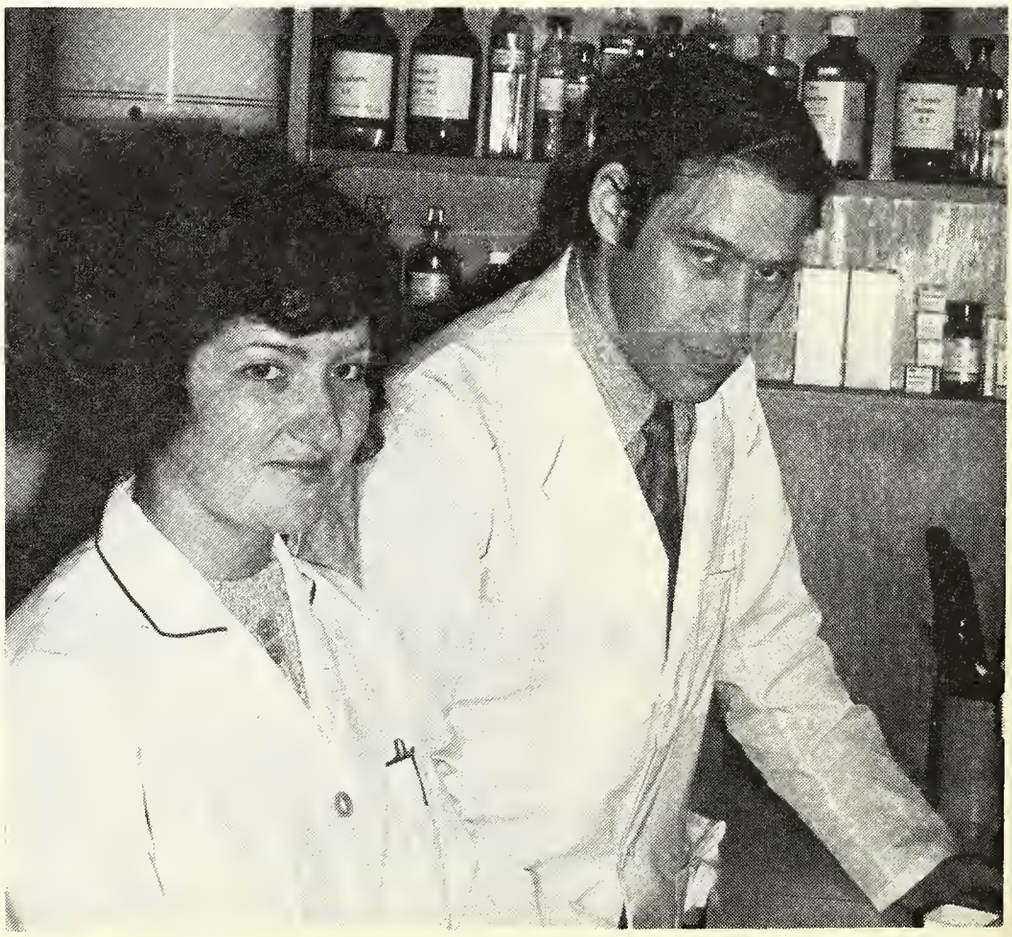
To obtain their certificates, the students must have been working under the supervision of a pharmacist in a pharmacy or hospital pharmaceutical department for two years—this also applies to "internal" students.

The PATB correspondence course is not available to those who are within reach of a part-time course at an educational establishment (about 10 miles or an hour's travelling are regarded as the limits). Refusal of an employer to grant day-release is not accepted as reasonable grounds for taking a student into the course.

The course is otherwise open to all pharmacy assistants with the right entry qualifications—whether they are employed in retail or hospital practice. This applies equally to independents, Co-operatives and multiples, though Boots' own scheme is also accepted by City & Guilds for the certificate. The qualification is recognised in hospital salary scales, and seems likely to become so in the JIC scales in the near future.

Course fee, payable by the employer at the commencement of studies, is £30 for each student. Details may be obtained from the PATB, Mallinson House, 321 Chase Road, London N14 6JN.

Mrs Lintott and her course supervisor, Mr Coles



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Roche research into drugs from the sea

Many potential therapeutic substances are to be found in sea creatures, according to marine biologists, and to test the theory Hoffmann-La Roche SA are setting up an Institute of Marine Pharmacology in Sydney, Australia.

The biologists point out that although a large number of naturally occurring toxic products from plant life have been used in medicine for many years little work has been done on toxins produced by animals, particularly marine animals.

Isolation and manipulation of the active components of these compounds may yield a multitude of therapeutic substances, they say. An insight into the potential of the field of study is provided by the properties of a few examples already known.

The blue-ringed octopus

Roche scientists expect intensive research into the properties of the poisons of such creatures as the deadly Conus, the sea-wasp and the blue-ringed octopus will yield drugs of benefit to man.

Marine life abounds in the waters which wash Australia's 19,300km coastline. It is from this vast repository of resources that the Roche Institute of Marine Pharmacology will draw most of its specimens needed for scientific investigations.

The company is building a four-storey laboratory at its headquarters at Dee Why, a sea-side suburb of Sydney. The $A2,500,000 structure, which is expected to be completed late in 1973 will be equipped with $A500,000 worth of the latest research equipment.

The institute will house departments designed to study the pharmacology, microbiology, and chemistry of naturally occurring substances of marine origin.

An initial floor space of 3,716sq.m has been designed to allow for future expansion. A staff of about 30 research workers will be recruited and key personnel have already been appointed.

Roche's medical director, Dr R. L. Mulhearn, explained that one of the reasons why a great deal of work had not been carried out so far in this field was that by the time specimens had been collected and transported to research laboratories the chemically active compounds had become "denaturated".

He said the institute would make elaborate arrangements to ensure that the best material collected would reach the laboratories in the best possible condition. Extraction processes would be carried out under optimum conditions.

The object would be to identify the chemically active ingredients of the toxins and to understand how they worked. Once the active components were recognised and studied all efforts would be concentrated on synthesising the active factors for therapeutic applications.

Dr Mulhearn pointed out that the r search programme would not be limit to the toxins of the most lethal mari creatures. Other organisms with less deva tating effects would also be investigate However, the most lethal ones were mo interesting because their venom or tox concentration was so high that they cou be more readily studied.

Biotoxins seemed to be more frequent found in creatures living in tropic waters, such as those around the Gre Barrier Reef. They included members the mollusc family, Cornidae, whi produced potent venoms in a venc apparatus.

Conus geographus had been responsib for a number of human deaths, wh more than 15 species of Conus we known to be toxic to man. Its tox exerted a direct action on all skele muscle and caused paralysis.

Dr Mulhearn said that *Chironex flec eri*, more widely known as the sea-was produced a toxin which paralysed he muscles within a few seconds. In expe ments on rats contraction of the mus was so marked that the ventricular co tractions could barely be distinguish pulmonary oedema also occurred.

It was hoped that the mechanis of cardiac contractions and pulmona oedema might be better understood af more detailed examinations were co pleted. Cardio-active drugs might also developed from this toxin.

Anti-tumour agents?

One of the most significant fields research might be that of the anti-tum activity of some marine biotoxins. So sea-cucumbers, for example, contain holothurin which unfortunately a blocked nervous conduction and had ot unwanted effects that at present prev its clinical use.

A marine bivalve, *Mercenaria merc aria*, produced a toxin which attacked Krebs-2 carcinoma in mice. Although actions of such compounds in man w still unknown this area of research served top priority.

Dr Mulhearn added: "We know t marine biotoxins can affect many ma mals. They block nerve conduction, re or contract muscles, lyse cells, alter membrane permeability and show a tumour and antibiotic activity—to list a few properties."

He said the activities of the Instit would be in keeping with the policy Roche to undertake basic research wh was not specifically related to the de lopment of new drugs.

"Until a more concentrated resea programme is pursued many of mysteries which still veil these substan must remain unsolved, their poten benefits wasted."

NPU wins special chemists' scheme for VAT accounts

Four different schemes for paying VAT on sales are described for retailers in a booklet (No. 707) *Special Schemes for Retailers* issued by Customs and Excise during this week.

But a modification is likely to be the one adopted by most retail pharmacists. It is one which, the National Pharmaceutical Union say they have persuaded Customs to allow retail pharmacists to use.

The "chemists method" is to be described in the next pink *Supplement* of the NPU as being "one of the simplest to operate despite its apparent complexity at first sight".

Eight-stage process

According to the NPU, the method has eight logical steps which help to calculate, from gross takings, the notional amount of the standard-rate supplies and hence the amount liable for VAT. The steps are:

1. Calculate gross takings.
2. Deduct dispensing receipts, that is NHS charges and private prescriptions. This gives the value of counter sales.
3. From records of purchases isolate the cost value of goods purchased at zero-rate. Examples: baby food, health foods, books.
4. Uplift by an appropriate mark-up to give notional retail value of zero-rated counter-sales.
5. Deduct value of zero-rated counter sales (step 4) from value of total counter-sales (step 2). This gives the value of standard rate counter sales inclusive of VAT.
6. Divide resulting figures by eleven to give the output tax.
7. Calculate the total input tax already paid by suppliers. This will be obtained from invoices.
8. Deduct input tax (step 7) from output tax (step 6) which will give the amount of tax owed to Customs or the amount owing to the retailer by the Customs. The NPU estimate that if NHS plus private dispensing represents more than about 25 per cent of total turnover there should be a refund due. This can be claimed monthly; where tax is due to Customs it must be paid quarterly.

A result of this method is that it forces all "shrinkages" of over-the-counter goods into the standard rate category and thus tends to operate for the retailer's advantage. Customs insist on two safeguards:-

☐ The method will only be available to retailers who can show that the value of their zero-rated counter sales is less than 10 per cent of total turnover.

☐ The mark-up applied in step 4 must be "realistic" and take account of special offers, price promotions and shrinkages.

It is emphasised by the NPU that this "special method" is still at the proposal stage only and final approval of certain details are still awaited.

The four schemes described in the Customs and Excise booklet are:—

Scheme 1 is for retailers whose supplies of goods and services are all subject to the standard rate of VAT (10 per cent) or who keep records which enable them to distinguish clearly between their standard rate and zero rate supplies at the point of sale.

Another version of scheme 1 may be used by a retailer whose records do not enable him to distinguish between his standard rate and zero rate supplies at the point of sale, provided his zero rate supplies do not amount to more than one-tenth of his total turnover.

Schemes 2, 3 and 4 are for retailers who cannot separately record their sales of standard rate goods and zero rate goods. These three schemes provide a choice of solutions for the problem, but they cannot be used to calculate output tax on supplies of services.

Scheme 2 is likely to be most suitable for the small retailer who wants to make as few calculations as possible. The scheme is based on the cost of goods to the retailer and there need be no separate output records or calculations for different lines of goods. But there is a standard fraction of one-eighth that has to be added in calculating output tax. This may sometimes mean that a retailer using scheme 2 will pay rather more tax than he would if he calculated his output tax in more detail, and so a retailer considering scheme 2 has to decide whether the saving af paperwork is worth that possible advantage.

Schemes 3 and 4 may be found more suitable for multiple shops and other retailers who can consistently record all the quantities and different lines of goods received in their shops for retailing in terms of the prices (including VAT) for which they will be sold.

It is a condition of both these schemes that the retailer must have a record of the total amounts that he expects to charge his customers when he sells the goods that are in his stock at the time when he begins to use the scheme.

Schemes 3 and 4 differ in that scheme 3 requires an annual record of stock and an annual adjustment of output tax; scheme 4 does not. Scheme 3 means extra paper work but may give a more accurate result.

Particular transactions

A retailer who supplies goods against credit cards *issued by a third party* (for example, Barclaycards), trading checks, coupons or vouchers must include in his gross takings the total amount he charges his customers for the goods, i.e. the total amount payable for all credit card sales and the total face value of all trading checks, coupons and vouchers accepted instead of cash.

The sale of a book token, record token or gift token to a customer is taxable on the service charge element.

An amount equal to the face value of all tokens *sold* in the period should be deducted from the gross takings. The face value of tokens *exchanged* in the period for goods or services should be added to the gross takings.

Exports must be allowed for in output tax calculation. Directions are contained in para 18 Notice (No 707) or No 704 (Retail export schemes).

Taxable supplies of services may be included in scheme 1, but *not* in scheme 2, 3 or 4. A retailer using scheme 2, 3 or 4 must account for output tax in the normal way, or by scheme 1, on any services he supplies.

Any exempt supplies that a retailer makes must be separately recorded and excluded from the output tax calculation, whichever scheme is being used.

Goods applied to personal use are taxable supplies and their cost, including VAT, must be included in the calculation of gross takings.

Pharmacists in the new NHS management team

Proposals for the management of the reorganised National Health Service have been published and follow on the Government's recent White Paper on NHS reorganisation for England.

The report, Management Arrangements for the Reorganised National Health Service, HMSO (Price £0·75) is in two parts. The first describes the arrangements in outline. The second shows in more detail how individual professions and functions will be affected by the reorganisation. The next stage will be to consult the professional and staff interests concerned before the Secretary of State makes his final decisions.

It is recommended that the obligations of family practitioners—doctors, dentists, pharmacists and opticians in general practice—will be established, as now, by their contract with the Family Practitioner Committee of the Area Health Authority.

The chapter of the report on pharmacy sets out in detail the appointment, responsibilities and accountability of officers and committees at the various levels.

The aim of the arrangements is to provide for:

☐ organisation of managed pharmaceutical services on the scale recommended in the Noel Hall Working Party's Report on the hospital pharmaceutical service;

☐ co-ordinated working of general prac-

Continued on p 383

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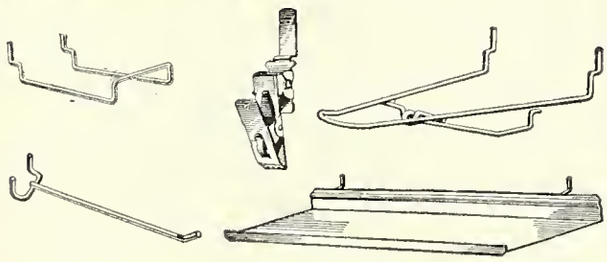

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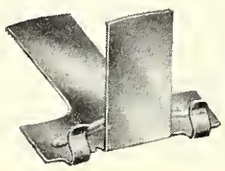

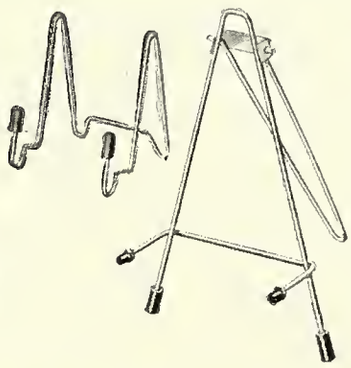

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Management in the new NHS

Continued from p 381

titioner pharmacists (chemist contractors in contract with the Family Practitioner Committee (FPC) and their pharmacist employees) with the managed services (pharmacists employed by the Health Authorities).

Most areas will be large enough to have their own organisation for hospital pharmaceutical services according to the Noel Hall recommendations (at least 8 pharmacists serving a minimum of about 2,500 beds and normally 4,000-6,000 beds). Areas smaller than this will need to use the organisation of a neighbouring area health authority (AHA), which will attach the necessary pharmaceutical staff.

In an area large enough to have its own organisation for managed services, the pharmaceutical staff will be managed by an area pharmaceutical officer (APO), appointed by and accountable to the AHA. Pharmaceutical services for the area, and any neighbouring area for which the AHA provides a service, will be provided through departments managed by principal and staff pharmacists. These will be accountable to the APO, some working at headquarters, others outposted to outlying hospitals.

Co-ordinator

In an area which is divided into districts, but is not larger than the normal range of 6,000 beds, in each district the senior of the pharmacists will be designated as pharmaceutical officer. He will assist the APO to co-ordinate the services for the district and will have coordinating authority over, but will not be the manager of, the other heads of pharmaceutical departments outposted to the district.

In an area larger than the normal range which is divided into districts, in each district with 8 or more pharmacists a pharmacist will be appointed as district pharmaceutical officer.

The APO will be responsible for all the managed pharmaceutical services, including local manufacture and quality control and deployment of staff to maintain hospital dispensing facilities. His work will be co-ordinated with medical activities by the area medical officer. The APO will receive agendas and papers for meetings of the area team of officers and attend meetings when pharmaceutical matters are to be discussed. He will have right of access to the AHA and its chairman.

The APO could also act as the convenor of an area pharmaceutical committee, established as part of the AHA's advisory machinery. The committee would include representative general practitioner pharmacists (chemist contractors) and hospital pharmacists, both elements being drawn from each district of a multi-district area. The general practitioner element of the committee could be provided from the members of the local representative committees set up to advise the FPC on matters relating to contracts for pharmaceutical services.

In each district the pharmaceutical officer or district pharmaceutical officer will work closely with the district medical committee in measures for achieving economy in use of medicines and providing pharmaceutical advice to medical staff, and with the district nursing officer in systems of medicine administration and control of dangerous drugs. The work of these officers will be co-ordinated by the district administrator on behalf of the district management team, either directly or through the support services manager.

There must be machinery for the planning and co-ordination of pharmaceutical services in the region, including:

☐ recruitment, training and deployment of skilled personnel;

☐ specification of suppliers and quality control;

☐ location of manufacturing of items best manufactured on a Regional basis.

A regional pharmaceutical officer (RPO) will be appointed by and accountable to the regional medical officer. In regions with few AHA's, this could be a part-time post held by one of the APOs. The RPO will receive agendas and papers for meetings of the regional team of officers and will attend meetings when pharmaceutical services are to be discussed. He will have right of access to the RHA and its chairman.

A suitably-constituted regional pharmaceutical committee, established as part of the RHA's professional advisory machinery, could also assist in these planning and co-ordinating functions. It would include hospital and general practitioner pharmacists from each area. It could be convened by the RPO.

The Department of Health and Social Security states that consultations with the professional and other interests concerned with the proposed management arrangements are to begin immediately.

Role of pharmacy's officers

The report specifies the roles of pharmaceutical officers in the following terms.

District pharmaceutical officer

General characteristics: Manages pharmaceutical services in a district, assists in their co-ordination with general practice pharmacy and advises the district medical committee and the district management team on pharmaceutical matters.

Principal responsibilities: Manages pharmaceutical services

☐ Manages directly and through principal and staff pharmacists the pharmaceutical services at hospitals and clinics.

☐ Maintains dispensing facilities at hospitals and clinics, including measures for security of drugs.

Advises on pharmaceutical matters:

☐ Contributes to district plans for pharmaceutical services.

☐ Attends meetings of the DMT when matters affecting pharmacy are to be discussed.

☐ Advises medical staff, through the district medical committee, on pharmaceutical matters, including measures for economy in the use of medicines.

☐ Helps to co-ordinate the work of hospital and general practitioner pharmacists in the district.

Working relationships: Accountable to area pharmaceutical officer; manages principal and staff pharmacists; co-ordinated by district administrator on behalf of the DMT; attends DMT meetings as necessary.

Area pharmaceutical officer

General characteristics: Responsible for the management of pharmaceutical services, including quality control, for one or more areas, and for their co-ordination with general practice pharmacy; assists in the provision of co-ordinated advice to the AHA and its officers.

Principal responsibilities: Provides and co-ordinates advice on pharmaceutical matters

☐ Advises the AHA(s) to whom he is accountable for managing pharmaceutical services, any AHA to which he is giving a service, and the area team(s) of officers, on policies concerning pharmacy.

☐ Contributes to area and district plans for pharmacy.

☐ Attends meetings of the area team(s) of officers and, unless there is a district pharmaceutical officer, the DMT(s) when matters affecting pharmacy are to be discussed.

☐ Acts as convener of the area pharmaceutical committee.

☐ Helps to co-ordinate advice to the AHA(s) and area team(s) of officers on matters of interest to both general practitioners and hospital pharmacists.

☐ Advises district medical committees, either directly or through the district pharmaceutical officer or pharmaceutical officer, on pharmaceutical matters, including measures for economy in the use of medicines.

Manages pharmaceutical services

☐ Manages pharmaceutical services at hospitals and clinics: in an area not divided into districts, through outposted principal and staff pharmacists; in an area divided into districts, through district pharmaceutical officers or, with the help of pharmaceutical officers, through outposted principal and staff pharmacists; in any other area for which he provides a service with the help of a pharmaceutical officer, through outposted principal and staff pharmacists.

☐ Maintains dispensing facilities, including measures for security of medicines, in hospitals and clinics, calling on the services of chemist contractors in accordance with policy and area plans.

Working relationships: Accountable to area health authority; manages principal and staff pharmacists (through district pharmaceutical officers, if appointed) and pharmaceutical officers (if any); monitored and co-ordinated by district administrator and, in relation to medical activities, area medical officer. Attends meetings of the area team of officers (and district management teams) as necessary; has right of access to the AHA and its chairman.

MARKET NEWS

Dull conditions in all sectors

London, September 6: Dull trading conditions prevailed in all sectors of the market during the week.

In crude drugs scarcities of supplies pushed up the prices of hydrastis, American lobelia and kola nuts. Cape aloes was firmer but the Curacao variety was easier. There appeared to be no stocks of jalap available on spot or for shipment. Tonquin beans were quoted at £800 metric ton for shipment. Costa Rican ipecauanha was lower.

Brazilian menthol and peppermint were firmer. Forward offers of the following essential oils were marked up: Madagascar clove leaf, lemongrass and patchouli. On the other hand citronella (Ceylon), camphor white and petitgrain were easier.

Pharmaceutical chemicals

Ammonium bicarbonate: £55 metric ton delivered; carbonate lump and powder £88·20.
Amylobarbitone: 50-kg £3·75 kg; sodium £4·30.
Bismuth salts: £ per kg.

	12½-kg	50-kg	250-kg
carbonate	4·68	4·50	4·45
salicylate	4·00	3·50	—
subgallate	4·30	4·10	—
subnitrate	4·25	4·05	4·00

Butabarbital: 50-kg £5·35 kg; sodium £6.
Butobarbitone: £5·05 kg for 50-kg lots.
Barbitone: 50-kg lots £2·65 kg; sodium £2·65.
Carotene: Suspension 20 per cent £16·73 kg.
Chloral hydrate: 50-kg lots £0·75 kg.
Cocaine: Alkaloid £222 kg; hydrochloride £202·75. Subject to DDA Regulations.
Cyclobarbitone: (50-kg) £4·15 kg; calcium £4·15.
Dextromethorphan: Hydrobromide £98·80 kg.
Digoxin: Up to 25-g lots £2·60 per g.
Fentichlor: 50-kg lots £1·73 kg.
Ferrous fumarate: £0·50 kg for 50-kg lots.
Ferrous gluconate: £628 metric ton in 50-kg lots.
Ferrous phosphate: In kegs £0·46 kg.
Gallic acid: 1,000-kg lots £1·62 kg.
Glucose: (Per metric ton in 10-ton lots), monohydrate powder £84; anhydrous £165; liquid 43° Baumé £70 (5-drum lots).
Glycerin: BP per metric ton—5-ton lots £234; 1-ton £237; 250-kg £243, in 250-kg drums.
Hydrocortisone: Acetate or alcohol £0·25 g.
Hydrogen peroxide: 35 per cent, £130 per 1,000-kg.
Hyoscine hydrobromide: £314·25 kg.
Hyoscyamine sulphate: (100-g lots) £59 kg.
Ichthammol: 1,000-kg lots £0·52 kg.
Iodides: (Per kg) Potassium £2·16 (50-kg lots) £2·14 (250-kg); sodium £2·75 (50-kg).
Iodine: Chilean crude £2·08½ per kg; resublimed £2·87 in 50-kilo lots.
Iron ammonium sulphate: 100-kg £205 per metric ton.
Iron and ammonium citrate: (per metric ton) granules, 50-kg lots £650 1-ton £620. Scales 50-kg £820; 1-ton £790; green £830.
Iron phosphate: £470 metric ton for 50-kg lots
Kaolin: BP is £66 per 1,000-kg in sacks.
Magnesium carbonate: Heavy £192, light £184 per metric ton.
Magnesium hydroxide: BPC £560 metric ton.
Magnesium oxide: BP (per metric ton); light £560; heavy £890.
Magnesium peroxide: 50-kg lots 23-25 per cent £0·59 kg.
Magnesium sulphate: BP from £42 metric ton exsiccated £75-£80 ton, ex works.
Magnesium trisilicate: £470 metric ton.
Mercurochrome: £7·95 per kg.
Mercury salts: Per kg in 50-kg lots: ammoniated powder £4·45; oxides—yellow £5·20 and red £5·40, perchloride £3·70; subchloride £4·75; iodide £5·30 kg for 25-kg.
Mersalyl: Acid £15·75 per kg; sodium £21·50.
Methadone hydrochloride: Subject to DDA regulations £0·15 per g for 100-g lots.
Narcotine: Alkaloid and hydrochloride in 25-kg lots £15 kg.
Oplates: (per kg) subject to DDA Regulations.

	1 kg and over £	Under 1 kg £
Codeine		
alkaloid	183·00	191·00
hydrochloride	156·00	164·00
phosphate	140·00	146·00
sulphate	156·00	164·00
Diamorphine		
alkaloid	212·00	223·00
hydrochloride	194·00	203·00
Ethylmorphine		
hydrochloride	179·00	186·00
Morphine		
acetate	164·00	171·00
alkaloid	202·00	211·00
hydrochloride	165·00	172·00
sulphate	165·00	172·00
tartrate	198·00	207·00

Papaverine: Hydrochloride 25-kg lots £17 kg.
Parachloro-meta-xylenol: 50-kg lots BPC £0·94 kg.
Pentobarbitone: 50-kg lots £4·85 kg for acid and £5·15 for sodium.
Phemitone: 25-kg lots £4·24 kg.
Phenolphthalein: 250-kg lots £1 kg.
Pholcodine: 1-kg £198·36; 7-kg £189·20 kg; 60-kg £180.
Quinalbarbitone: Sodium and acid £5·35 kg for 25-kg lots.
Sodium benzoate: One-metric ton lots £28·33 kg.
Sodium bicarbonate: BP £26·40 per long ton for 8-ton lots in 1-cwt bags delivered.
Sodium carbonate: 89-100% from £23·47 long ton delivered.
Sodium chloride: Vacuum dried £8·15 per long ton in plastic sacks for 6-ton lots, ex works.
Sodium citrate: £313 per meric ton.
Sodium percarbonate: (Per metric ton) £164·75
Sodium potassium tartrate: £295 per metric ton
Sodium sulphate: BP from £35 to £40 per metric ton as to crystal. BP exsiccated £60 ton.
Sodium thiosulphate: £44 per metric ton.
Streptomycin: £11 kg base; dihydrostreptomycin £11·50 kg base.
Strycnnine: (kg) alkaloid £12·25; sulphate and hydrochloride £10·50.
Succinylsulphathiazole: 50-kg lots £2·40 kg.
Sulphacetamide: Sodium BP £2·98 kg.
Sulphadiazine: 50-kg lots £2·79 kg.
Sulphadimidine: 250-kg lots £2·95 kg; sodium £3·05.
Sulphaguanidine: BPC in 250-kg lots £2·13 kg.
Sulphamerazine: In 50-kg lots £3·12½ per kg.
Sulphamethizole: BP 50-kg £3·65 per kg.
Sulphanilamide: 50-kg lots £1·40 kg.
Sulphaquinoxaline: Sodium, B Vet C in 50-kg lots £4·38 kg.
Sulphathiazole: 50-kg £1·83 kg.
Thymol: In 1-ton lots £2 per kg.

Crude drugs

Aloes: (metric ton) Cape primes £290 spot; £265 cif. Curaçao £770 spot; £715, cif.
Ipecacuanha: (per lb) Matto Grosso £2·50 spot £2·40, cif, Costa Rican £2·05 spot; £1·95, cif.
Jalap: No offers.
Kola nuts: West African halves nominal on spot shipment £84 metric ton, cif.
Lobelia: American herb £750 metric ton, cif.
Menthol: (kg) Chinese spot not quoted; shipment £6·28, cif. Brazilian spot £3·85, £3·80, cif September-October.
Tonquin beans: Para Spot nominal; £800 metric ton, cif.

Essential oils

Camphor white: Spot £0·55 kg; £0·34, cif.
Citronella: Ceylon spot £1·16 kg; £1·08 cif Chinese £1·20 spot; £1·08 cif.
Clove: Madagascar leaf £1·20 kg; £1·16, cif. English distilled bud £17·60. Stem £5·50 kg, cif
Lemongrass: £2·15 kg spot; £2·01, cif.
Patchouli: Spot £5·50 to £6; £5 to £5·50, cif
Petitgrain: Spot £3·75 kg; shipment £3·55, cif.
Peppermint: (per kg) Arvensis Chinese, spot unobtainable; Nov-Dec £2·60, cif. Brazilian £1·70 spot; £1·67½, cif. American piperata from £1·60.

COMING EVENTS

Friday, September 15
Society for Analytical Chemistry, Chemical Society and Royal Institute of Chemistry, University of Hull, at 2.45pm. Joint meeting: "Acohol—its determination"; includes paper on "Determination of alcohol in pharmaceutical preparations" by D. A. Elvidge (Boots Co Ltd).

Classified advertisements

Classified Advertisement Rates

Display: £4·50 per s.c.i. min. 1" s.c. (1" x 1⅜"); ¼ page (4⅝" x 3½") £40; ½ page (4⅝" x 7") or (9" x 3½") £70; 1 page (9½" x 7") £120.

Screen: 100

Lineage: 35p per line, min. 5 lines @ £1·75

Box Numbers: 25p extra

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SENIOR PHARMACIST

HOME OFFICE, PRISON DEPARTMENT

Applications are invited from male or female registered Pharmacists aged 25 or over for appointment as Senior Pharmacist at Her Majesty's Prison, Holloway, London, N7. Previous hospital experience is not essential.

Salary scale £1,563 to £1,944 plus £111 per annum environment allowance. London weighting of £126 per annum is payable in addition. Starting salary above the minimum of the scale may be allowed for previous National Health Service, Government Service or other comparable experience.

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Application forms obtainable from the Establishment Officer, Home Office, Prison Department (R 10/10 VDC), Portland House, Stag Place, London, SW1.

For further information please telephone the Chief Pharmacist, HM Prison, Holloway (01-607 0231).

CHEMIST & DRUGGIST

114th year of publication Vol. 198 No. 4827 The newsweekly for pharmacy

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Editor Arthur Wright, FPS, DBA

Deputy Editor R. E. Salmon, MPS

Markets Editor W. S. Bowman, MPS, MIPharmM

News Editor Charles Ward

Technical Editor P. J. Merry, BSc, MPS

Beauty Products Editor Hélène de Klerk

Information Services I. H. Cotgrove

Price List Mary Mackintosh

Advertisement Manager James Lear

Advertisement Executives
J. Foster-Firth, MPS
John C. Jackson

Production K. Harman

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Subscription Department,
Lyon Tower, 125 High Street
Colliers Wood, London SW19
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Midlands office
240-244 Stratford Road,
Shirley, Solihull, Warwicks
021-744 4427

Scottish office
74 Drymen Road,
Bearsden, Glasgow
041-942 2315

North-east office
Permanent House
The Headrow, Leeds LS1 8DF
Leeds 22841

North-west office
491 Chester Road,
Old Trafford, Manchester M16 9HF
061-872 5151

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Contents ©

Member Audit Bureau of Circulations

A Benn Group Journal

Conference news and pictures p 407

Prescriptions—'ball in BMA court'

The suggestion to limit prescribed drugs to one month's supply at any one time that was included in the President's speech at the opening of the British Pharmaceutical Conference, Keele, attracted headlines in the national Press the following day.

They took up the theme with such phrases as "Call to end drug over-prescription (*Financial Times*), "Chemists seek prescription supply limit" (*Daily Telegraph*), "Chemists press BMA to curb excess prescribing of drugs" (*Times*), "Doctors rapped for growing drugs waste" (*Daily Express*). The local Staffordshire papers also devoted much space to the subject.

Response

Mr Kerr said afterwards that there had been no positive response by the BMA to the Society's proposal. The idea was that patients requiring long-term therapy could be issued with a new type of triplicate prescription form, not requiring carbon paper. On presenting the prescription at a pharmacy the top copy would be retained by the pharmacist and one month's supply dispensed. To receive a further two month's supply the patient could present the other two copies of the prescription. The use of the method would prevent unnecessarily large quantities of medicines being stored by the public. The conventional prescription form would still be available for small quantity prescriptions. At a meeting between the BMA and the society medical spokesmen rejected the idea as being impractical. No further meeting has so far been arranged. Mr Kerr commented: "The ball is in the BMA's court".

Nearly 800 attend

The Conference has attracted around 780 members with a number from overseas including Australia, Denmark, France, Ghana, New Zealand, Switzerland and the USA. Also present were the presidents and secretaries of the Pharmaceutical Societies of Ireland and Northern Ireland.

It was the first occasion on which the Conference has been organised on a university campus.

Statutory Committee to meet

Two members of the Pharmaceutical Society of Great Britain are being summoned to appear before the Society's Statutory Committee for alleged advertising and canvassing. The hearing is on the first of a three-day session to be held at 17 Bloomsbury Square, London WC1, September 26 - 28, commencing at 10.30 a.m. Evidence in respect of two other members and a body corporate who appear to have been convicted of offences under various Acts will also be heard, and two other cases involving three pharmacists will be resumed.

On the second day a number of similar cases are scheduled while on the final day information from which it appears that a member had been convicted upon indictment of indecent assault, will be considered.

UCA secretary out of hospital

Mr C. S. Ritchie, MPSNI, secretary of the Ulster Chemists' Association and subject of a shooting at his home in Belfast recently has left hospital.

He told *C&D* at the end of last week that he was "making good recovery" and he asked us to publish the following letter of thanks to all the many people who have written to him and his wife:

"The recent terrorist attack on me in my home has brought such a volume of letters, cards and telephone calls expressing sympathy and good wishes that I cannot hope to answer them individually. Therefore, through the wide circulation of your journal, I wish to send my sincere thanks to all my pharmaceutical friends in Northern Ireland, England and Scotland who have sent kind messages to my wife and myself. I am most grateful to you all.

J. P. Kerr, centre, congratulates Sir Keith Joseph following his opening address at the Conference (see p 407)

Through what the doctors regard as a near miracle the terrorist bullet passed through one thigh and lodged in the other without hitting any of about six vital points en route. As a result, I was left with only flesh wounds, which are healing up splendidly. I have now been discharged from hospital and am making a good recovery.

Again, many thanks for all expressions of sympathy and good wishes."

Pharmacy Week in America

"Taking Non - Prescription Drugs? See Your Pharmacist" will be the theme stressed during National Pharmacy Week, in the United States, October 1-7.

The 47th annual observance of National Pharmacy Week, sponsored by the American Pharmaceutical Association, will highlight the pharmacists' advice to the public on the safe and effective use of non-prescription drugs and on the need for seeking the advice and counsel of the pharmacist in the use of over-the-counter drugs. The theme is a natural outgrowth of the Association's policy that non-prescription drug product labelling and promotional materials should direct attention to instructions regarding precautions and proper use of such products and identify the pharmacist as a source of information and advice regarding self-medication.

To assist pharmacists APhA has prepared a kit containing a news release, editorial, speech, proclamations, advertisement, radio and television announcements and other publicity and promotional aids.

Original process reintroduced

Two dates when Lanoxin manufacturing processes were modified are mentioned in the August *Prescriber's Journal*.

Adding a note about the recent warnings on Lanoxin potency (*C&D*, August 5, 1972) it states that an apparently minor change in the tablet manufacturing process was introduced in late 1969 — the original process was restored in May 1972.

"We now know that the tablets made between these dates tended to be less well absorbed than is usual for Lanoxin, although in this respect they were comparable to most other brands of digoxin," it states.

"All Lanoxin manufactured before May 1972 has been withdrawn. These new tablets, while still containing the same quantity of digoxin, may have up to twice the effective potency of earlier batches."

The statement adds: "The bioavailability of all brands of digoxin will of course be standardised as soon as possible".

NI Council candidates

The following retiring members of the council of the Pharmaceutical Society of Northern Ireland are offering themselves for re-election: T. Glass, T. A. Gray, W. T. Hunter, G. E. McIlhagger.

Nominations have been received for J. A. Crawford, D. A. I. Grant, S. Moore and Mrs C. O'Rourke.

Two members of Council—W. H. Boyd and J. Gordon—are not seeking re-election.

Voting papers will be distributed next week and are to be returned by 12 noon on September 28.

Neilsen report 'no real growth in counter business'

When one takes into account inflationary factors it is clear that there was no real growth in counter business. This is the declaration of the May-June Retailer Report of the A.C. Neilsen market research organisation.

The average weekly turnover for all chemists—excluding Boots—was up by only 4·6 per cent which was "rather disappointing when compared with year ago figures" according to Nielsen. Cash sales rose by 3 per cent. Four areas showed cash turnover declines and in several others the increase was marginal. The share of total business held by type and size of pharmacy was in each case very close to the year ago position. In all areas except 'South' and 'Wales' NHS receipts were ahead of the previous year. For small independents, the figure fell to 52·0 per cent from 53·9 per cent of turnover reported in the March - April report. But for large independents it again fell to 46·1 per cent from 49·1 per cent in March-April; giving an average of 52·3 per cent for independents overall.

Multiples and Co-operative Societies averaged 38·2 per cent from NHS—a drop of 2·2 per cent from the previous two-month period.

The average weekly cash and NHS turnover for all chemists was £7,862,000 compared with £7.533,000 in the preceeding period.

The breakdown of cash sales shows that large independents put on 5 per cent over the previous year compared with a 1 per cent drop by small independents and 4 per cent increase by multiples and Co-operatives.

Sterling volume (cash and NHS) went 15·3 per cent to multiples and Co-operatives, 55·7 per cent to large independents and 29 per cent to the small. Average weekly cash turnover was: large independents £468; multiples and Co-operatives £457; small independents £157; Average NHS receipts were: large independents £418; multiples and Co-operatives £339; small independents £220.

In May independents dispensed 87.9 per cent of NHS prescriptions (average 1,774 per shop) and multiples-Co-operatives 12·1 per cent (1,851 per shop).

Changes in the Netherlands

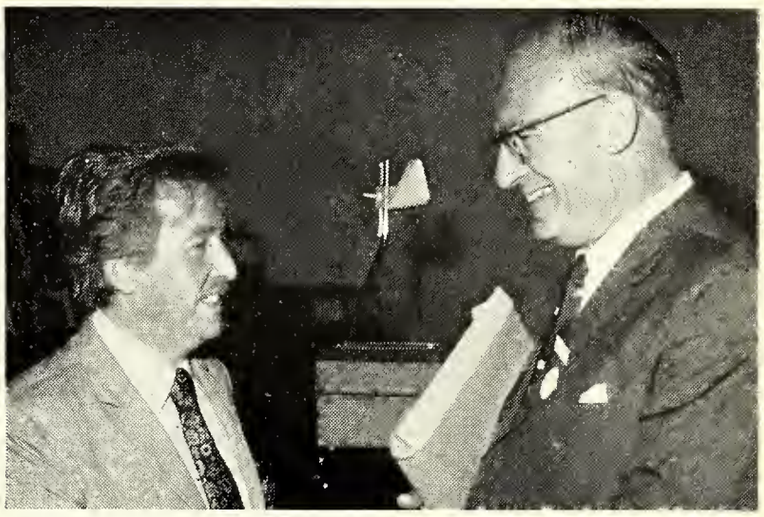
New techniques, new brands and new channels of distribution have brought about important changes in the market pattern in the Netherlands.

In a recent market report published by Recla Janssens Advertising, Amsterdam, it was stated that the total sales of cosmetics, perfumes and toiletries in the Netherlands amounted to about DFL. 660 million, an increase of 8 per cent. If the present trend continues, says the report, a turnover of DFL 900 million can be expected by 1975.

The research team found that the specialised Dutch perfumers' retail outlets had lost a considerable share in the total cosmetics' market. It was the drugstores outlets, in the course of the last 5 years who had acquired the lion's share of the cosmetics' turnover. The cosmetics' turnover in the druggist trade, however, had increased almost 150 per cent in the period 1962 to 1969. Cosmetics, perfumes and toiletry products are now the most important lines in the drugstore's trade.

An important part of the cosmetic-sales will take place outside the traditional retail-outlets in the coming years, they predict. Also new systems of trading, like self service department stores, freestanding-stores and consumer-markets are expected to draw an important part of cosmetic-sales in the next decade.

And in the range of new sales methods, they see "selling in the home" taking on ever increasing importance. In the Netherlands two concerns, Avon and Moara Shira-Acis, use this sales method. They sell an extensive range of cosmetics exclusively by "home-selling". Avon commenced activities in Holland only in April 1972, but has in fact the largest international cosmetics - turnover (DFL 2·8 billion in 1971).



Travellers meet at Keele: Professor A. H. Beckett, back from the Olympic Games, shares a joke with Dr T. D. Whillet, who had returned from Lisbon a few hours previously

Hypodermics on script only ?

A motion that hypodermic syringes should be restricted to persons in possession of a doctor's prescription is to be put to the twenty-fifth annual meeting of the Executive Councils' Association (England) to be held at Scarborough October 12-13.

Also on the agenda is a motion asking for the "professions concerned" to agree to the inclusion of dispensing dates on labels.

India curb more foreign companies

The Indian Government proposes to take extensive powers to control and regulate the working of foreign companies as well as resident companies having 40 per cent or more foreign share holding under the Foreign Exchange Regulations Bill introduced in the Indian Parliament on August 29. Without discussion the Lok Sabha (lower house of Parliament) referred the Bill to a joint committee of both houses of Parliament. The Bill seeks to impose stringent restrictions to prevent leakage of foreign exchange and under and over-invoicing of exports and imports and repatriation of proceeds from exports.

A Clause in the Bill requires that in the appointment of agents technical and managerial personnel prior permission of the Reserve Bank of India is necessary. Under another Clause all existing non-resident and resident companies with more than 40 per cent foreign holding will have to seek fresh permission to carry on their business and comply with the regulations that might be imposed.

Chemist jailed for three years

A pharmacist who gave addicts drugs in exchange for money, cigarettes, brandy and clothing was sent to prison for three years on September 7.

He was arrested after police became suspicious of the increase in the number of young people from his area seeking treatment for drug addiction, it was stated at Birmingham Crown Court.

The pharmacist, Thomas Moody, of Penny Park Lane, Keresley, Coventry, pleaded guilty to seven offences—six of aiding and abetting people to possess "soft" drugs and one of supplying morphine.

The jury was discharged from giving verdicts on two charges of supplying a dangerous drug to which he had pleaded not guilty.

Prosecution claimed that the pharmacist, who worked in Coventry, supplied a number of people with drugs of the amphetamine type, without prescriptions.

For the defence it was said that all the witnesses who had given evidence of receiving drugs from Moody had said they were already addicts, obtaining drugs legally as well as illegally.

The recorder told the defendant: "In your position as a professional chemist, to give drugs to these people, was a terrible thing to do.

Why you, a man who until now has borne an excellent character, succumbed to the temptation, I don't know".

COMPANY NEWS

ICI improve the turnover but not profit

Pre-tax profits of Imperial Chemical Industries Ltd at £35m in the second quarter were considerably higher than in the first quarter (£21m), which was affected by the miners' strike.

Apart from normal seasonal influences the sharp reduction in the fertiliser subsidy in the United Kingdom, effective from June 1, led to unusually high sales of fertilisers in April and May.

Difficulties in fibres trading, both in the United Kingdom and overseas, and increasing costs, including substantial amounts for rationalisation measures and higher wages and salaries, continue to depress group profits which at £40m in the first half were £20m less than in the equivalent 1971 period.

Group sales however advanced to £829m from £767m in the half year; home markets contributed £386m (£360m).

The 1972 figures do not take account of the floating of the pound on June 23, foreign currencies having been converted into sterling on the basis of official parities ruling up to that date.

The board have declared an interim dividend of £0·06½ per £1 unit.

Bid for Cockburn on the way

A take-over bid is on the way for Cockburn & Co Ltd, manufacturing and retail chemists, with headquarters in Glasgow. There are 26 retail branches throughout the West of Scotland. The bid is to be made on behalf of a Mr P. Levinson by Standard Guarantee.

Chairman, Mr T. C. Kelly and his fellow directors are discussing the situation with their advisers, Scottish Industrial Finance. In the meantime they advise shareholders to take no action.

Cockburn shares recently changed hands at £3·20 at which level they are selling at just over ten times 1971 - 72 earnings.

Among the guests at Wilkinson Sword's 200th anniversary celebration dinner held last week were (from left) Mrs Tom Reid, Sir Hugh Linstead (chairman, Macarthys Pharmaceuticals Ltd); Mr Tom Reid, chairman, Unichem Ltd and Lady Linstead (story below)

Bi-centenary of Wilkinson Sword

Wilkinson Sword last week celebrated their 200th anniversary. A special bi-centenary dinner in London was attended by over 350 guests including representatives of some 20 of the other British companies which have held the Royal Warrant of Appointment for over 100 years.

Following the dinner a presentation of a special bi-centenary sword was made to Mr H. B. Randolph, past-president of the company, by his son, Roy Randolph, now president of the company.

Founded by gunmaker Henry Nock in London's Ludgate Street in 1772, Wilkinson Sword produced its first razors as early as 1890. Later the company diversified into garden tools and fire protection systems.

A & W profit up in first half

Operating profit of Allbright and Wilson Ltd increased in the first half of 1972 to £3·571m (from £3·285m in equivalent 1971 period), and with considerably higher investment income arising from the Tenneco loan received in June, 1971 and lower taxation, profit attributable to Ordinary stockholders increased to £1·675m (£950,000). The adverse effect of the coal strike on profits was offset by exceptionally high fertiliser sales in May, occasioned by the reduction in the Government subsidy.

In Newfoundland work continues according to plan on modifications and improvements to the phosphorous plant.

The seasonal factors which normally affect the second half-year will this year be intensified by lower fertiliser sales following the exceptionally high sales in the first half, state the board. The consequences of the dock strike and a reduction in investment income will have a further adverse effect.

Changes in Midlands group

Hartley Chemists Ltd, Soho Road, Handsworth, Birmingham, has been acquired by F. A. Billington (Langley) Ltd. Mr A. H. Parsons is the pharmacist in charge. Mr M. A. Coleman has been appointed director and superintendent of F. A. Billington (Stone Cross) Ltd in succession to Mr A. H. Parsons, and Mr R. G. Wise, director and superintendent of F. A. Billington (Brandhall) Ltd in succession to Mr M. A. Coleman.

New posts have been created within F. A. Billington (Langley) group and Mr R. J. Buxton now becomes retail sales manager, while Messrs H. E. T. Hick and F. D. Oakley become joint personnel managers. On the administrative side Mr R. Inchley has been appointed to assist Mr C. A. Jordan, chief accountant.

Reckitt & Colman profits up

First half profits of Reckitt & Colman Ltd rose 12·8 per cent to £10·24m. The interim dividend is raised 1 per cent to 9 per cent.

Mr A. M. Mason, chairman expects the results for the whole year to show a "useful improvement". Sales in the first half rose by 6·1 per cent to £99·8m.

In brief

Network Technical Distributors Ltd (NTD) has been formed as the distribution arm of Johnsons-HPL Ltd. Chairman of NTD is Mr Ted Farmer, deputy chief executive of Johnsons-HPL Ltd and NTD general manager is Mr Bryan Ellis, director of Johnsons of Hendon Ltd. NTD operates from 335 Hendon Way, London NW4 (telephone: 01-202 8200). NTD will be taking over the distribution of all Paterson products in the United Kingdom.

Unichem Ltd's chairman, Mr Tom Reid, tells members in a recent letter that the board's decision to pay an interim rebate in respect of the first half of 1972 "reflected the very encouraging pattern of trading which is steadily developing during the current year".

Mr H. James, MPS, has taken over the pharmacy of Mr J. E. Sutcliffe at Yarmouth New Road, Acle, Norfolk, which has been run by Mr Sutcliffe for the past 6½ years. Previous to that he was in business at Ely for 20 years.

Roches' Chemists are closing two of their Dublin pharmacies—in Grafton Street and O'Connell Street. The company are retaining branches at the North Side Shopping Centre, Dublin, and the Ballymun Shopping Centre, Dublin, while the premises in Henry Lane, Dublin, will be retained as a headquarters for photographic and office purposes.

Kingshill Chemists Ltd, opened two months ago at 24 Parsonage Street, Dursley, Gloucester, is moving across the road to 25 Parsonage Street, where the lease of larger premises "came available sooner than expected".

Olivers (Barnstaple) Ltd are to extend their factory to double its present size by January 1973.

Decimo Ltd, have moved their offices to Park House, 96 Park Street, Luton (telephone: Luton 38881).

PEOPLE

Mr David H. McCraw, of Galashiels, has retired after 26 years as chief pharmacist to Peel Hospital and Border hospitals. He was presented with sets of Edinburgh crystal sherry glasses, whisky tumblers and wine goblets by Dr A. S. Brodie, medical superintendent, on behalf of the boards of management for the Border Hospitals.

Dr James Clark, consultant physician, also presented him with an inscribed silver salver on behalf of the medical staff at Peel Hospital. A native of Portobello, Edinburgh, Mr McCraw qualified in Edinburgh in 1928 and was in retail practice until 1942 when he joined the Royal Navy. **Miss S. H. Warren,** assistant to Mr McCraw for the last three years, is now chief pharmacist.

Mr Adrian Willis, sales manager of Regent Laboratories Ltd, is leaving for a month's tour of Pakistan, Bangladesh, Kuwait and Iran to visit the company's customers. Since the opening of Regent's factory at Park Royal, at the end of 1968, their exports have expanded from £40,000 a year to an annual rate of £250,000.

Deaths

Mitchell: Recently, Mr. Wilfrid Strang Mitchell, MPS, Nether Pitforthie, Fordoun, nr Laurencekirk, Kincardins. Mr Mitchell qualified in 1937, and owned a pharmacy at 42 High Street, Blairgowrie, Perthshire, from 1950 until he retired due to ill-health in July.

North: Recently, Mr Leonard North, MPS, 328 Grimsby Road, Cleethorpes, aged 62. Mr North qualified in 1935. He was the manager for a number of years of a pharmacy in Cleethorpes and when it was taken over by another group some two years ago he became semi-retired and acted as relief manager.

Paige: On September 8, Mr Francis Paige, a former director and secretary of the British Chemical & Dyestuffs Traders' Association. Mr Paige retired at the end of 1967.

Worth: Recently, Mr Gordon Price Worth, MPS, Ashcroft, Thorn Cross, Bovey Tracey, Devon, aged 77. Mr Worth qualified in 1922.

Young: Recently, Mr Robert Young, MPS, Marsh Lane, Nantwich, Ches, aged 56. Mr Young qualified in 1938. He was a past president of Nantwich chamber of trade and Nantwich Rotary Club.

Appointments

Kimberley-Clark Ltd have appointed Brian Douglass, 32, their northern region sales manager.

Radiol Chemicals Ltd have appointed Mr I. Wilkins sales representative for South Lancashire and North-west Cheshire.

Bell & Howell Ltd: Mr Peter K. Schoonenberg has been elected to the board and appointed director and general manager (Europe) of the British-based company's A-V and consumer division.

West Cumberland Farmers Trading Society Ltd have appointed Mr David H. Brown, MPS, manager of their pharmaceuticals division. He succeeds Mr John McCrum, MPS, MBE, who has retired early due to ill health but who will remain as consultant to the society on pharmaceutical matters. Mr Brown will be based at the society's wholesale pharmaceutical department at Durranhill, Carlisle.

Mr Brown, 38, joined West Cumberland Farmers in 1960. For the past 12 years he has been in charge of their retail pharmacy in Cecil Street, Carlisle.

Mr McCrum joined the company in 1954 and since then has built up their pharmaceutical division into one of the largest suppliers of veterinary pharmaceuticals and other animal health products, from their seven registered pharmacies, to British agriculture.

NEWS IN BRIEF

☐ Three booklets are now available from Customs & Excise explaining VAT procedures on imports, exports and retail export schemes. They are Nos 702, 703 and 704 respectively.

☐ Among grants made to the University of Glasgow for research is one from Servier Laboratories Ltd of £764 for a study by Professor A. Goldberg (Materia Medica, Stobhill General Hospital) of the drug fenfluramine in the chronic alcoholic.

Topical reflections by Xrayser

Foxglove at Keele

Another British Pharmaceutical Conference is upon us, and this year the chosen venue is Keele. It should prove to be an interesting venture in many ways and a departure from the established custom of having one of the larger cities as its base. For many years the foxglove and its active constituents have figured largely in the deliberations of the science sessions, to such an extent that one felt there could not be anything new to say on the subject, but the year 1972 has brought it again to the forefront, and if ever there were the need for some guidance it is now. In a book published 150 years ago, the statement was made that foxglove, although a dangerous plant, was a most valuable medicine in skilful hands, and Professor Cullen said of the publication of Dr Withering's work that his account should be in the hands of every practitioner of physic. The warning was added that "the unskilful must not meddle with foxglove." But what happens when the skilful meddle with foxglove? We are now into September, and following the letters from the Committee on Safety of Medicines issued on August 2 and 4, we are no further forward. We know what the manufacturers of Lanoxin have told us about their new product, and of the results of their new manufacturing process and improved quality control procedures. We know that, where "open" prescriptions for digoxin are issued, the advice is that some make other than Lanoxin should be dispensed. The words in the letter were: "On open prescriptions for digoxin, do not dispense Lanoxin." But we have no means of knowing the potency of any of the other makes of digoxin tablets available, though all, including Lanoxin, are described as digoxin, BP. Is the matter to be left there? The uncertainty of the present situation makes it a matter of great urgency to provide authentic information. Is five weeks too short a time? If so, when may we expect a positive statement?

Health co-operation

It appears, from your letter and from the report on p.374, that there is a fine spirit of accord between the Scottish Health Education Unit and the pharmacists in Scotland, in which the value of the pharmacist in health education campaigns is fully appreciated and understood. I note the reference by Dr Alfred Yarrow, director of the unit in Scotland, to the efforts of the late Dr George Macmorran in helping to maintain a liaison between the Pharmaceutical Society and the unit, and I feel sure that, now established, this co-operation will be maintained. It was at once a tribute to the respect in which Dr Macmorran was held, both by Dr Yarrow and the pharmacists of Scotland, who seem to have regarded their part in the campaigns as a professional duty to be undertaken without any thought of financial return. The Society has had good reason, over the years, to be grateful for its Scottish Department and its obvious good standing in official and academic circles. Even though the country's compact nature may have contributed, the respect won cannot have been achieved without effort.

The nomad

I wish someone would make up his mind in the matter of sulphacetamide which, from October 1, is to be the subject of fresh legislation. I can think of no other substance which, in one form or another, has been evicted more frequently or at such short notice. It is enough to make sulphacetamide itself the subject of neurosis.

PROMOTIONS

New approach for Libresse

Two new themes introduce a campaign of full-colour double-page spreads for Libresse sanitary towels, which will run until the end of the year, in *Woman, Honey, 19, Loving, Fabulous, Petticoat, Mirabelle, Valentine* and *Woman's Own.*

The first theme shows model, Pam Rowe, discussing sanitary protection with a group of young women in a series of questions and answers. The second advertisement develops the 'myths' theme under the headline "Now you can say goodbye to the five great myths about sanitary towels" (Sancella Ltd, Sancella House, Harpenden, Herts).

Ironplan counter displays

New orange and black counter display units for Ironplan tonic capsules are now available. They incorporate the advertising slogan "Ironplan — the new, everyday source of iron" and underline their selling point for customers that they come in complete one, two and four months' supply packs. Point-of-sale units are available for all three pack sizes—one month's supply of 30 capsules retailing at £0·47½; two months' supply of 60 capsules at £0·87½ and the economy pack of 120 capsules at £1·50 (Menley & James Laboratories Ltd, Welwyn Garden City, Herts).

Kleenex now for women

Kimberly-Clark hopes to open up the women's market for their Kleenex For Men tissues with a £45,000 three-month campaign. The campaign breaks on September 18 with full-colour pages in women's magazines including *My Weekly, Family Circle, Living, True Story* and *Woman's Realm.*

The promotional programme supports improved tissue quality and a new pack design in contrasting colours of red, white and blue (Kimberly-Clark Ltd, Larkfield, nr Maidstone, Kent).

Sweetex offer

A promotion designed to encourage slimmers to continue buying Sweetex after the popular summer "slimming season" is announced by Sweetex, who are offering a 100 free with their 500 pack in a 6-8 week promotion. The blister pack of 600 Sweetex will sell for £0·23 (the normal price of 500) and one rack or two rack display stands are available (Crookes Anestan Ltd, Telford Road, Houndsmill Estate, Basingstoke, Hants).

Save money offer

Silvikrin announce a "save money" offer throughout September on their New-Natural shampoo. The offer, 2p off the standard and 4p off the economy bottle is designed to coincide with a six-month advertising campaign including full-colour page advertisements in women's magazines. This campaign represents part of an extra expenditure of 20 per cent. (Beecham Products, Beecham House, Brentford, Middlesex).

Brandy from Breck

Every chemist returning the reply paid order form to Shulton will now have a chance to win a bottle of "Bisquit" brandy. 50 winners will receive a bottle after the draw takes place on October 31.

Breck is being supported with full pages in colour in women's journals (Shulton (GB) Ltd, 100 Brompton Road, London SW3).

Consumer offers

☐ 2p off the 6oz size and 3p off the 12oz size of all flavours of Delrosa rosehip syrups during September and October (Delrosa Rosehip Syrups, Scott & Turner Co, St Marks Hill, Surbiton, Surrey).

ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Alka-Seltzer: All areas
Anadin: All areas
Reban: All areas
Sandrine: All except E
Tegrin: So
Tweed: M, So
Wella: M Lc, Y

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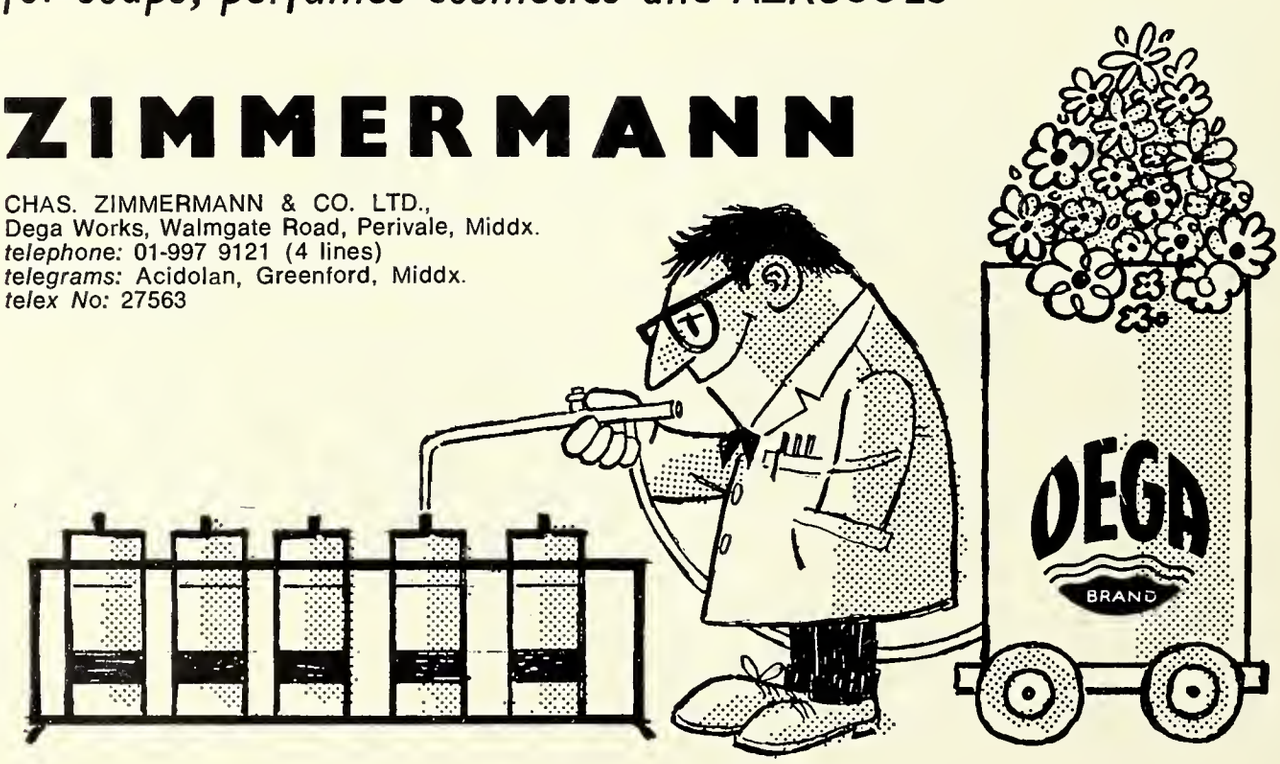
Dega Works, Walmgate Road, Perivale, Middx.
telephone: 01-997 9121 (4 lines)
telegrams: Acidolan, Greenford, Middx.
telex No: 27563



TRADE NEWS

Flash and wine

For all dealers placing orders for three "shippers" of Wotan flash bulbs or cubes, Wotan are offering four bottles of French wine delivered with the order.

Each "shipper" contains either 2,000 AG flash bulbs, 1,600 Type 1 flash bulbs or 480 flash cubes, and the order can be for either all of one type of bulb or mixed.

Dealers should order through their wholesaler or direct to The Valiant Electrical Wholesale Co, 20 Lettice Street, London SW6.

Abbott veterinary products

Parke Davis & Co, Usk Road, Pontypool, Mon. NP4 8YH, announce that they are now distributing all veterinary products produced by Abbott Laboratories Ltd.

Bonus offers

Fassett & Johnson Ltd, 19 Radford Crescent, Billericay, Essex. Rosedale products, the following:- Lanospray aerosols 127g and 200g 18 invoiced as 12 (minimum 6 doz of each size); family shampoo 280cc 14 invoiced as 12 (minimum 6 doz assorted); herbal bath sachets 25cc, 42 invoiced as 36; dry shampoo 12 invoiced as 10; bubble bath sachets, 36 invoiced as 30; herbal and pine bath 250cc, 14 invoiced as 12. Frado/Fradojel display units, 12 invoiced as 9. Lotil cream, 12 invoiced as 11, 12 invoiced as 10 for 6 doz or over. Nestle Lite, 12 invoiced as 11, minimum order 2 doz, 14 invoiced as 12 for 24 dozen or over. Streaks 'n Tips 14 invoiced as 12 (until November 3).

H. & T. Kirby & Co. Ltd, Mildenhall, Suffolk. Orange and halibut vitamins, 2 free packs with each dozen ordered. Special terms for 6 dozen or more.

S. Maw Son & Sons Ltd, Aldersgate House, New Barnet, Herts. Special bonus offers during September on: Tancolin, orange halibut tablets, Va-pine, Simpla sterilising liquid, lanoline cream and surgical dressings.

PRESCRIPTION SPECIALITIES

NYSTATIN-DOME cream

Manufacturer Dome Laboratories division of Miles Laboratories Ltd, Stoke Court, Stoke Poges, Slough, Bucks
Description Aqueous cream containing in each gram nystatin 100,000 units, adjusted to the pH range of normal skin
Indications Treatment of susceptible fungal skin infections, especially those caused by monilia (*Candida albicans*) organisms
Contraindications Sensitivity to any of the ingredients
Method of use Apply to the affected area two or three times daily. Application should be continued for one week after lesions have healed
Notes If new infections appear, appropriate therapy should be instituted
Precautions Application should be discontinued if irritation appears. Keep away from the eyes
Storage In a cool place. Shelf life 1½ years
Packs Tubes of 15g (£0·50 trade) and 30g (£0·90)
Supply restrictions TSA
Issued September 1972

OPHTHALMADINE eye ointment

Manufacturer Sas Scientific Chemicals Ltd, Victoria House, Vernon Place, London WC1B 4DR
Description Ointment containing idoxuridine 0·5 per cent
Indications Herpetic keratitis. Has also been used topically for certain skin conditions, causes *Herpes simplex* or *Herpes zoster*
Method of use Place ointment under lower eyelid, close the eye and massage, repeat every 2-3 hours
Precautions Absorption of idoxuridine may occur if application continues for long periods. In the eye damage to the cornea may occur if continued for more than 21 days
Side effects Stinging, pruritus, oedema, inflammation and photophobia reported
Storage In a cool place
Packs Cartons of ten 3g tubes (£7·50 trade)
Issued September 1972

Pharmaceutical and Fine Chemicals

DEGA BRAND

ALLANTOIN
BARBITONE
CAFFEINE
CAMPHOR
CARMINE
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DIASTASE
DIGOXIN
EPHEDRINE
FERROUS FUMARATE
FOLIC ACID
GLYCEROPHOSPHATES
LACTOSE
MANNITOL
NICOTINATES
PANCREATIN
PAPAIN
PAPAVERINE
PEPSIN
PHENYTOIN SODIUM
PHENOLPHTHALEIN
QUINIDINE
QUININES
RESORCIN
SILVER PROTEIN
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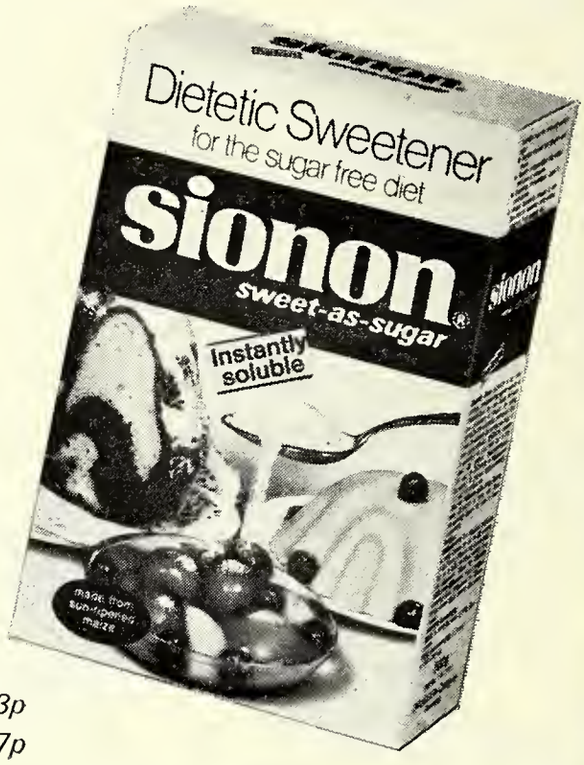

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Metabolised without using insulin.
Exact equivalent of household sugar in sweetness—measure out just like sugar.
Instantly soluble. No after taste.
Calorific content 3·8 Calories/g.

Trade price : . . . . . 200g pack=21p . . . 500g pack=43p
Recommended retail price : 200g pack=29p . . . 500g pack=57p

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Salisbury House, London Wall, London EC2M 5XD. Telephone: 638 6088

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Even more favourable terms for orders of 6 dozen and over—increases your profit to **25p** each. For gross orders: **26p** each!

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NEW PRODUCTS AND PACKS

Photographic

Kodak's new pocket range

Seven new cameras, a new film and projectors have been launched by Kodak. Cameras are the new pocket Instamatic range and the film is Kodacolor 2 available in a new 110 cartridge, the nominal size of each frame is 13 x 17mm.

The cameras may be grouped in two sections, weatherguide and electronic.

The lowest priced camera in the range, the model 100, takes the new Kodak 110 films in small, easy-load cartridges.

The model features a 25mm f/11 fixed-focus 3-element lens giving sharp pictures from 4ft (1·2m) to infinity; single-speed shutter of 1/60 second.

There is a Kodak Pocket Instamatic 100 camera outfit complete with camera and wrist-strap, 12-exposure Kodacolor II size 110 film, a Magicube and an instruction booklet (£10·99). Also available is a slip-on leather case (£1·27).

The pocket Instamatic 200 Camera outfit has in addition two shutter speeds of 1/40 and 1/80 second, a bright-line viewfinder with parallax indication for accurate picture framing. The camera is of similar weight and dimensions as the model 100. Again the camera is sold as an "outfit" complete (£14·16).

The 300 camera outfit has a 26mm f/5.6 3-element lens, and a clearly marked 5-symbol weather scale ranging from "bright sun" to "cloudy dull". The f/5.6 lens can be adjusted down to f/16 by selecting the appropriate symbol.

The outfit comes complete with camera and wrist-strap, 12-exposure "Kodacolor" II size 100 film, a Magicube and an instruction booklet (£18·56).

The 400 outfit is equipped with a 6v battery-powered electronic shutter.

The 400 camera outfit is complete with camera and wrist-strap, 7H34 battery, 12-exposure "Kodacolor" II size 110 film, a Magicube and instruction booklet (£26·89).

The 500 Camera has an electronic shutter and a 26mm f/5.6 3-element lens. The 500 outfit is complete with camera and wrist-strap, 7H34 battery, Kodacolor II film, a Magicube and instruction booklet, is priced at £34·93.

The Pocket Instamatic 50 and 60

cameras are made in the USA. They have many features in common, including electronic control of both shutter and lens aperture to provide correct exposure automatically from 1/250 second at f/17 to 5 seconds or more at full aperture. The cameras have precision 26mm 4-element f/2.7 Kodak "Ektar" lenses focusing from 3 ft to infinity.

A CdS controlled exposure system varies the aperture over the whole range from f/17 to the maximum f/2.7 opening.

Retail prices are: Pocket Instamatic 50 camera (£54·44) including battery. Model 60 camera (£64·55) including battery. Other accessories include Slip-on leather case (£2·06); Magicube extender (£1·52) and the compact camera stand Model 2 (£2·90).

To match the new cameras are Kodak pocket Retinamat projectors models 210 (£44·26) and 610 (£59·39). They are compact, being only 9¼ x 6¾ x 3¼ in, and weigh 4½ lb. Model 610 also features remote slide changing and remote controlled focusing — providing even easier and even more luxurious projection.

Kodak 110 film cartridges for use in the new pocket Instamatic cameras are available loaded with four different types of film. Kodacolor II film for colour prints, Kodachrome-X and Ektachrome-X films for colour transparencies and Verichrome pan film for black-and-white pictures. The film cartridges which measure only 20 x 27 x 80mm contain film 16mm wide. The nominal size of each frame is 13 x 17mm. A special feature is the reproduction of each frame number in the print margins of the two negative films. Each transparency is also clearly numbered. Kodacolor II film is an entirely new film that has been introduced to give the finer grain and fined resolution necessary to produce optimum quality colour prints from tiny negatives. The standard size prints from this film will be 3½ x 4¼ in in size and 5 x 7 in enlargements will also be available. Film speed ASA 80. The film is available as either 12-exposure (£0·60) or 20-exposure (£0·83). Many processors have installed new equipment to handle the film (Kodak Ltd, PO Box 66, Kodak House, Station Road, Hemel Hempstead, Herts).

Cosmetics and toiletries

Revlon's spicy Autumn

Revlon have introduced the Spicy Ices, a range of make-up for eyes, lips and nails with Autumn fashions in mind. Spicy Ices super sheer transparent lipsticks (£0·65) have a creamy texture and come in shades of Rosehip Red, Paprika, Spiced Rose and Raspberry Wine. Four shades of Spicy Ices cream nail enamel (£0·50) are matched to the lipstick shades. For the eyes come brush-on eyeshadows (£1·25) with two shadows to a compact; one has a matt finish while the other one is frosted. Colour combinations are Hyacinth with Hyacinth Ice, Pistachio with Pistachio Ice, Early Lilac with Lilac Ice and Aqua Iris with Aqua Ice (Revlon International Corporation, 86 Brook Street, London W1).

Beauty range for darker skins

Mia Cosmetics is a new range of specialised skin care and make-up products now on sale for women with dark skins which takes into account the different requirements in the care of the skin and make-up needs often overlooked.

The skin care products are of a gel formulation, as are the blusher and eye make-up items, to give lightness and natural tinting of dark skin rather than the heavy opaque coverage so often used. Included in the skin care collection is the

Cool Gel cleanser (£0·50) Cool Gel toning cleanser (£0·50) with added medication and astringency for oily skins and Cool Gel skin conditioner (£0·50) a moisturising lemon gel which, the manufacturers claim, helps prevent a grey ashen look and restore a natural dark sheen.

The foundation comes in 12 shades (£0·50) and is, they stress, light textured. Other cosmetics are Blush Tint (£0·49) a transparent gel blusher in a red-brown shade; Face-Shaper (£0·49); Concealer cream (£0·49) to hide dark marks and blemishes and Transluscent pressed powder (£0·40).

The Mia eye make-up consists of eye tints in five shades (£0·36) Pearly eye tints (£0·36) and automatic roll-on mascara. The lipsticks have a glossy texture and are available in ten shades, specially selected to suit the "particular colouring of darker lips" (£0·42).

Mia Cosmetics will be available through selected outlets only (Mia Cosmetics, 11 Dover Street, London W1X 3PH).

Correction

The Nikini Poppet, mentioned in last week's issue, is being offered as an introductory bonus, for a limited period, at the special 20p off price of £1·45 plus 0·186 Purchase-tax per outer of two dozen.

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Imipramine
Methyl Testost
Nicotinamide
Nicotinic Acid
Oxytetracycline
Paracetamol
Penicillin V Pot
Phenobarbiton
Phenylbutazon
Prednisolone
Prednisone
Propantheline
Quinalbarbiton
Quinidine Sulp
Quinine Bi-Sul
Quinine Sulph.
Stilboestrol
Tetracycline Hc
Thiamine Co. F
Thyroid

Capsules (powder filled)
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Oxytetracycline
Tetracycline Hc
Amylobarbiton
Pentobarbitone
Quinalbarbiton

Capsules (Soft Gelatine)
Vitamin A Fort. 50,000 i.u.
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Vitamin E
Vitamin B Com
Multivitamins a
Minerals
Vitamins B.P.C
Garlic Oil
Inhalation Oil
Male Fern Extra

REGENT LABORATORIES LTD

COMMENT

A warning to Council

Mr J. P. Bannerman is convinced that too many pharmacists are being produced to create the best future for the profession. He recognised that such a conviction may be contentious when presenting his paper on manpower requirements to the first professional session of the Pharmaceutical Conference (p 409), but there was little substance to criticisms raised during the discussion.

Professor P. Elworthy came nearest to breaking the argument when he pointed to the expansion in health care that would be demanded by a more affluent society. But evidence of recent years suggests that any such expansion will be too slow to ensure a full professional livelihood for those on the register today, let alone the increasing numbers predicted for the future.

Mr T. D. Clarke forecast massive growth in the hospital service but that was countered when Mr Bannerman pointed out that the hospital service accounted for only 10 per cent of the members on the register so that changes there will have only a marginal effect overall.

However, nobody really questioned the speaker's thesis that a reduction in the size of the register will solve the problems that are with the profession, and those that he predicts. Yet there is no evidence we know of to prove that if there were fewer pharmacists they would concentrate on professional work, grouping themselves into "professional" pharmacies, colonising the countryside and the housing estates to provide essential services and at the same time ensuring the pharmaceutical service for the hospital wards.

Mr Bannerman is right to say that "imponderables" will always be with us, and right to ask Council to formulate a policy. But a manpower policy cannot be effective in isolation from the practice of the profession and it is therefore, as we said, the responsibility of the profession to decide its own future.

What is really lacking is a clear policy on how the pharmacist should function in the community and in the hospital service. Once that is established the whole weight of the profession could be put behind the serious task of achieving the objects politically.

Council's influence must be used more effectively to give positive direction to the debate on the role of the pharmacist. The preliminary discussion has surely gone on long enough, and Mr Bannerman's well researched paper has clearly indicated the danger of further delay.

Busy week

Those who were under the impression that the British Pharmaceutical Conference would be merely a social occasion were quickly disillusioned when they saw the detailed programme and time table.

The "new design" Conference, now, the Pharmaceutical Society responsibility—aided by the local committee—is beginning to show a set pattern with three important speeches at the opening session. The address by the President of the Society, the scientific address by the chairman, science group and a formal address of welcome—this time by the lord mayor of Stoke on Trent. To the trio on Monday, was an address by Sir Keith Joseph; Secretary of State for Health and Social Security.

Altogether a veritable marathon of words. The suggestion that it was to be an "extremely busy week," was an understatement. Ninety-two science papers and preliminary communications were in themselves an indication of the work to be done.

The number of complete science papers presented at the Conference has continued to decline but the innovation of inviting scientific communications has proved successful. At Keele 16 complete science papers were accompanied by 76 scientific communications. It therefore appears that the Conference is continuing to be a lively forum for discussion.

Members of the Society should note the presidents' reference in his speech at the opening session to the fact that out of the 76 scientific communications submitted 69 came from the schools of pharmacy and seven of those communications result from an association in research between the schools and companies in the pharmaceutical industry. We would like to see more such associations and hope that the proportion will be greater in London next year.

The preponderance of the Keele programme allocated to the science sessions confirms that the Society is carrying out its undertaking that it would continue to ensure the Conference would be a platform for the interchange of scientific knowledge.

LETTERS

'Which?' . . . why?

I am surprised, Sir, that last week you gave publicity to the attack on medicines advertising made in *Which?* (*C&D*, p. 364). As you know, advertisements in the Press and TV are monitored. I had the interesting job of being chairman of the Independent Television Authority advertising advisory committee in the early days of commercial TV. A famous doctor, and a leading dentist nominated by the BMA and the BDA respectively were active and regular attendants at our meetings. Whenever doubts were expressed about some words or pictures, the advertisement director of a great group of newspapers, and the sales manager of a famous firm, were the first to suggest modifications. The doctor and the dentist almost invariably rallied to the support of the alleged offenders. "The stuff may do good, and anyway the more people clean their teeth the better" was the gist of their argument reduced to its bare essentials. And their view usually prevailed.

On a slightly different tack, your readers may be interested in the effect, exactly opposite to what was intended, of too much rule and regulation.

Very early on, in typically British official prissy style, it was decided to ban pictures of lavatory pans on TV. Considering that efficient water closets and good plumbing are vital factors in maintaining public and private health, it is difficult to follow official thought. But never mind. Ingenious advertisers contrive to slip into their moving pictures a flash of the handle which operates the rush of water. Instantly, through long habit and association of ideas, a picture of complete throne and tank is created in the mind's eye of the viewer.

Glanvill Benn
London

Newcastle NPU Branch is lukewarm to the Linstead report

Although the Central NHS Committee have accepted most of the recommendations published in the Linstead report on NHS General Pharmaceutical Services (*C&D*, August 12, p 217-221) it was clear from the first branch meeting of the National Pharmaceutical Union called to discuss it, that members attending were far from sharing that Committee's opinion.

As a prelude to the Pharmaceutical Committee Conference called for October 8, the Northumberland and Gateshead Branch, meeting on September 7, examined each recommendation and at the end decided that there were many important points that had not been covered by the working party. The NPU representative for the area, Mr G. Urwin, mentioned a few of them:

☐ The wastage of manpower: compulsory keeping open shop 42 hours a week to fulfil the NHS contract.

☐ The need to bring in new legislation so that the pharmacist is not breaking the law if he is out of the shop for a short while.

☐ The difficulty of getting locums and keeping the service going in case of illness.

☐ The difficulty of contacting doctors for clarification of incomplete prescriptions often brought about because the prescription had been written out by a receptionist.

☐ Recompense for the cost of telephone calls and postages to obtain such information.

☐ The question of "dead" stock had barely been looked at.

☐ Wholesalers closing on Saturdays were making things very difficult for pharmacists to continue the service they had prided themselves of in the past.

☐ Rota breaking—there was no hope of getting better rota terms so long as some rota breakers were prepared to keep open for nothing.

☐ Risk attached to business from the advent of health centres.

☐ Newly qualified recruits coming out of college with no practical training in retail pharmacy; 90 per cent end up in retail.

☐ The remuneration does not reflect the service given.

'Now is the time'

In examining recommendation one of the report (that discussions with the Government should be limited to arrangements for controlling the siting of pharmacies) the meeting was against it as framed. That was not to say, as one member put it, "that we want the exact opposite."

Mr. Urwin said he had voted against it at the committee meeting because he thought that now was the time to look into the future and do something constructive. He liked the European system and with the UK joining the Common Market next year surely now was the time to move nearer to that system "even though we are a long way off at the moment."

An accusation from a member that the working party were "out of touch with affairs" was denied by Mr Urwin who said that he had great regard for them all. Basically he said, the fault lay in the lack of interest by the profession generally as well as "on our own doorstep. It is more than apathy: it is pathetic the way in which pharmacists had presented their evidence" he added.

Suggestions 'ignored'

The secretary of the branch, Mr B. V. Atkins, pointed out that the branch had spent a long time completing the forms and making suggestions to the working party. However, their evidence, except perhaps in one item, seemed to have been "completely ignored".

Another of the recommendations that generated considerable debate was No. 5 (NHS contract should be, as at present, between the executive council and the proprietor). A member claimed that the contract should be between the executive council and the manager of the pharmacy. Mr Urwin thought that from a point of view of negotiating with the Government the change would not be a good thing.

However pharmacist-managers were "paid very well and yet when it came to a question of becoming responsible, for some action for which they ought to be responsible as a test prescription wrongly dispensed, it is the owner who must answer. You can't have it both ways —be paid for professional responsibility and then be absolved from blame when anything goes wrong." For that reason he had opposed the recommendation in committee. At the request of branch members he promised to make further inquiries.

When recommendation 6 (that a proportion of the Central NHS Committee be elected by contractors) came to be discussed Mr Atkins said the complaint of the employees in this connection was that they had to talk to their bosses who then had to talk to the pharmaceutical committee who in turn had to try to talk to the Central NHS Commitee. Mr Urwin replying to the charge that the latter body was a "self-perpetuating oligarchy" said four-fifths of the whole of retail pharmacy was represented by the private sector; the other one-fifth was represented by company chemists.

There was competition for the committee which was elected annually. Two new representatives were elected this year which meant that two had been unsuccessful. "If we need professional negotiators, then we need strongest trade union men to argue our case because we are NOT a united profession. There is no great heart among pharmacists to give up their time to take an active part in harnessing affairs. Until they do where are the present Central NHS Committee or the toughest trade union negotiators in the country going to get the strength and support from to do something about it? This is where we so severely fall down.

"The trade union leader has got the power of block votes, thousands of men which he can call out on strike. Pharmacists do not have such power so they can only negotiate in 'a reasoned way'."

On recommendation 8 (a working party should be set up to look at oxygen supply arrangements) it was pointed out that the existing forms which had to be filled up and which were criticised as unnecessarily complicated, were being looked at and that the contractors' committee were trying to get the costs of oxygen taken out of the balance sheet so that it did not affect other contractors. One member suggested that the number of contractors supplying oxygen should be limited.

Recommendation 9 (the Society should organise courses on the supply of appliances) already turned down by the Central Committee, received no support at the meeting. Mr Urwin claimed that the Society had been approached to organise courses for students—particularly those in their final year—to give tuition in practical running of a retail pharmacy. They had not done anything towards this (apart from recommending a correspondence course) and it was unlikely they would do anything in connection with courses for the fitting of appliances, etc.

During discussions on the final recommendations of the report, it was mentioned that the notional salary of the pharmacist now stood at £3,120 a year plus 8½% That was roughly £1,000 more than in 1969.

New preservative for cosmetics

Dow Chemical Co Ltd, Heathrow House, Bath Road, Hounslow, Middlesex have developed an anti-microbial agent said to be effective against a broad spectrum of micro-organisms, low in toxicity, simple to formulate and compatible with most cosmetic emulsion components. Potential applications for the preservative, Dowicil 200, are in water-based formulations such as shampoos, face creams and eye-liners.

The product, which has both antibacterial and antifungal properties, is said to be "no more than slightly irritating to the eye" when undiluted. The dry concentrate and a 50 per cent solution is not absorbed through the skin in acutely toxic amounts.

Chemically it is the cis isomer of 1-(3-chloroallyl)-3, 5, 7, -triazi-1-azoniaadamantane chloride.

Supplied as a fine white hygroscopic powder, it is effective at low concentrations, has good colour and odour properties, and is not a photosensitiser. Dow claim it is particularly effective against Pseudomonas.

The product combines high water solubility and relatively low oil solubility. It thus remains in the water phase at the oil-water interface of emulsion formulations and, consequently, in contact with the spoilage micro-organisms.

BRITISH PHARMACEUTICAL CONFERENCE

President attacks over-prescribing by doctors

"A new and novel form of pollution" was how the president of the Pharmaceutical Society, Mr J. P. Kerr, described the excess of drugs in the community shown up by collection campaigns.

And Mr Kerr blamed over-prescribing by doctors as the cause of the problem. The topic had been discussed with the medical profession on a number of occasions, and the Society had put forward a scheme for limiting supplies at any one time to sufficient for one month.

"The scheme would not in any way restrict the freedom of the prescriber; it would only restrict the quantity available in the home at any one time.

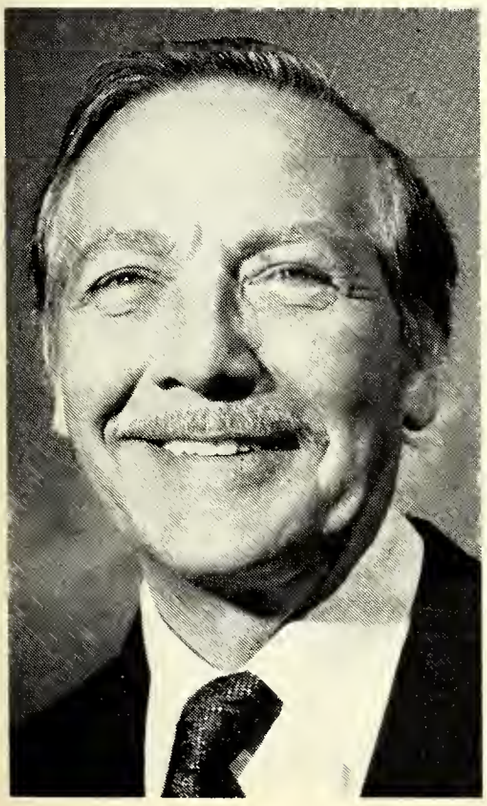
"Pharmacists see no justification for the considerable quantities of highly potent drugs, and drugs of abuse, that are sometimes prescribed today."

Referring to the inclusion of a symposium on "cannabis" in the Conference programme, the president said the aim was not to add sensationalism—"which in my view promotes and encourages misuse"—but for pharmacists to be better informed for the benefit and protection of the public.

Pointing out that pharmacies are visited by 7 million people each day, Mr Kerr added: "Here is a real chance for health education at the grass roots level.

"If the public requires technical information on this or any drug then there can be no better source of that information. If they require warning about the misuse of drugs, then there is no better source readily available to them than the pharmacy, with the pharmacist in charge."

J. P. Kerr



Turning to the effect EEC entry on pharmacy, Mr Kerr asked Sir Keith Joseph for full collaboration and consultation with the Department of Health. He forecast that the Treaty of Rome requirements of mutual recognition of qualification and free movement of workers could cause manpower problems for British pharmacy.

"The population of France and Great Britain is about equal at 50,000,000, but the number of pharmacists now qualifying each year in France is apparently a staggering 3,000 compared to 800 or 900 in Great Britain. Our figure was determined by an estimation of the number needed to maintain our register at its present level for the maintenance of the pharmaceutical and health services of Great Britain. Their figure is apparently determined by chance or expediency."

The president said that before the end of the year the pharmaceutical professions of the United Kingdom, Eire, Denmark, and Norway would be meeting representatives of the European pharmacy group in London to consider their position when full membership of the Community was achieved.

OPENING SESSION

Professions and new NHS management structure

Written procedures are no substitute for good management and intelligent supervision in the manufacture of medicines, Sir Keith Joseph, Secretary of State for Social Services, said at the opening session of the British Pharmaceutical Conference on Monday. Sir Keith reminded Conference that he was at the top of the pyramid and "carried the can" for any mistakes in the quality and safety of medicines. But neither he, nor his officials, could ensure that every manufacturing process was carried out as it should be every day of every week.

The co-operation of the pharmaceutical profession was therefore necessary—and the role of the pharmacist in the industry was "critical". Equally, the pharmacist was indispensable to the manufacture of medicines in the hospital service.

Fluids incident

This dependence on management and supervision was one of the lessons to be learned from the Clothier Committee inquiry into the intravenous fluids incident, and the Medicines Commission interim report on the manufacture of sterile products.

The Medicines inspectorate's orange guide to good manufacturing practice was already in the process of revision following these reports, and would be the subject of continuous future revision.

Sir Keith paid tribute to those members of the Pharmaceutical Society who gave up their time "in the common good" to serve on the Medicines Commission and its committees.

Referring to the beginning of compulsory licensing, he said that 400 manufacturers had applied for licences for 50,000 products—but he reminded those that had not applied that they were in danger of breaking the law if they continued production. They should apply immediately.

Hospitals would be inspected, Sir Keith promised, to ensure they kept to standards at least as high as those in commercial concerns.

Referring to Britain's Common Market entry, he said the government were anxious to keep in touch with pharmaceutical interests so that when the time came for consultations with Europe the UK delegation would be fully appraised of the profession's problems. He had taken note of some points made in the president's opening speech.

On the reorganisation of the NHS, the Minister promised strong professional advisory machinery in the new management structure. It should enable general practice and hospital pharmacists to put forward a consolidated view on matters of common interest, he claimed. Communication and understanding of each other's problems could be better achieved if there existed machinery to facilitate liaison between the two groups.

Finally, Sir Keith praised the efforts of those concerned with providing the refresher courses that have attracted government payment, and stressed the value of the experimentation that was encouraged by the grouping of the Society's regions around schools of pharmacy.

Sir Keith also expressed his gratitude for the range of co-operation, aid and mutual understanding between the Department, the Health Service and the Pharmaceutical Society.

Product development—the management problem

The efficient use of resources to reduce the development period and costs, with the need to ensure the successful progression from raw chemicals to the marketing pharmaceutical preparations were the management problems that Mr K. A. Lees, chairman, science group, reviewed in his scientific address at the opening of the British Pharmaceutical Conference, Keele, on September 11.

He pointed out that the cost of research leading to the identification of a new medicinal compound was so great, that detailed plans were essential from the moment it emerged as a promising prospect in the initial process, to the resulting product on a world wide scale. It was necessary to ensure that identification and distribution was achieved in the shortest possible time to maximise the financial return. Patents were limited in the duration of protection they afforded, and such protection was relatively brief when compared to the length of the product development programme. In fact such programmes frequently occupied the first five years of a fifteen year patent protection period.

Market appraisal

While the market appraisal was progressing the chemical development and pilot plant staff would be working towards a practical synthetic route for the substance. Research laboratory compounds were synthesised by a route that paid little heed to economics or availability of raw materials. Before plant design could begin, therefore, the promising compound was subjected to chemical development to work out a practical process yielding the compound at acceptable purity, at reasonable cost and with a high probability of acceptable capital expenditure for any new process plant and buildings.

Once the skeleton budgets were prepared and the chemical process seen in outline, the scene was set for preparing plans to identify the approximate date of marketing. That involved many disciplines and it was usual to divide the planning into appropriate stages.

Calculations of the size and characteristics of the chemical plant required to produce the drug substance normally took priority.

Neither the world marketing appraisal nor consequent detailed planning can take place without a decision elevating the promising compound as a worthy prospect, thereby lifting it from the ruck of compounds being examined by the research staff. Intensification of the interest of the research team and attention to the compound by them is almost intuitive. Research expenditure proceeded inexorably whether or not a new compound of promise was to hand, but the decision by management to deploy the major development facilities e.g. chemical process development, chronic toxicity testing and teratogenicity testing, of the company to a new project "must be taken consciously and with care".

The magnitude of the production planning task was affected by the type of drug substance being developed for sale.

K. A. Lees

While the estimate of world off-take for the new drug was being assessed and the plans were being laid for the design and installation of the chemical plant the development pharmacists, the formulators, would be studying the properties of the drug substance.

By the time the development chemist has completed his job the process of synthesising the drug substance would almost certainly have been completely altered. Different starting materials would have been compared for ultimate yield and relative cost. Different solvents similarly evaluated for cost, efficiency, and ease of recovery.

Formulators at work

Throughout the chemical development stages the formulators would be receiving samples of the drug substance for examination. A few grammes at first but later, as the process was gradually operated in larger and larger vessels, larger quantities become available. The formulator derived some help from the analytical data provided with each new batch but he must recognise that the analysts had no special knowledge of the new substance and may not yet know the significant specification parameters to be measured: indeed they would be looking to the formulator for guidance about these.

The plans being made for the process, and the eventual scale of operation, could also be influenced by changing views on the likely success of the product. As information flowed back from clinical trials, marketing views on the scope of the new drug were modified and estimates adjusted. Mr Lees then went on to detail the manner in which network analysis could be used to portray the overall development to marketing and commissioning of a drug. He showed that when a network was drawn and revealed more than one critical path, the chances that the end objectives would not be achieved on schedule were greatly increased. His examples showed that the period of time from the date of deciding to give a chemical compound "special development status" to the "point of availability for marketing" was of the order of four years. That was typical of today's product development time scales. Managements would, if the company had a successful research team, have several substances currently undergoing developments, and thus new development programmes had to compete for research, plant, finance and manpower with others already under way.

Many people in pharmacy were engrossed in technical problems and found them fascinating and rewarding. Yet it was important that at all times they should be able to relate their immediate technical objectives to the overall picture of drug and product development as well as to the rest of pharmacy represented in the distribution of products and their use.

SCIENTIFIC ADDRESS

Science group meeting

Recipients of the Conference science award for 1972 are Dr A. T. Florence of the University of Strathclyde, whose subject is physical pharmacy, and Dr M. J. Neal, School of Pharmacy, London University, a pharmacologist.

Mr K. A. Lees, chairman, science group, when making the announcement said it was impossible to decide on a single recipient this year and there would be two lectures given at the London Conference.

Discussion continued on the membership of the science group. The committee for next year comprises W. C. Bowman, M. R. W. Brown, D. J. G. Davies, F. Fish, J. R. Fowler, W. Gwynne Thomas, D. Ganderton, C. A. Johnson, B. P. Jackson, S. C. Jolly, K. A. Lees and B. A. Whittle.

The group agreed that if there were more papers and preliminary communications at next year's Conference they should be taken on Tuesday afternoon and the discussion forum moved to Thursday.

Manpower requirement in pharmacy

PROFESSIONAL SESSION

Fewer pharmacies—yet no improvement in the number of pharmacists per pharmacy. More pharmacists in hospitals—but there is a ceiling. More and more women on the register. These factors led Mr J. P. Bannerman to call for a reduction in the size of the register but, above all, a manpower policy for pharmacy, when he presented his paper at the first professional session from which the following is taken:—

Before going on to look at some of the problems within the categories of pharmaceutical employment, it should be borne in mind that more than 10 per cent of those on our register are not employed at all, and approximately 4 per cent are employed outside the profession. While it may well be that those who choose to work in non-pharmaceutical fields are spreading the influence of the profession, we must never entertain the possibility of adjusting the content of our courses to accommodate this situation.

Pharmacists in teaching account for approximately 1 per cent of the register, as do those engaged in wholesaling. Neither of these groups appear liable to dramatic change.

Industry and other demands

Industry accounts for some 5 per cent of the register, but it is not necessary for the majority of pharmacists in the pharmaceutical industry to be members of the Society. The number of pharmacy graduates employed therefore is in excess of 5 per cent of the output of our schools. However, if pharmaceutical control over manufacturing and quality control is given statutory recognition, there might in the very long run be a need for a greater number of pharmacists in industry.

The European Economic Community pharmacy draft directive II calls for precisely this recognition. However, I doubt whether there will be a substantially increased demand for our graduates; it is more likely that we shall see a reorganisation of the industry to utilise more fully the expertise of members who are already employed.

The hospital service accounts for 10 per cent of the register. We have had the beginning of the implementation of the Noel Hall recommendations. We have seen no planned expansion in the number of posts in the service, but then this was never the intention.

We may well see some increase in the rate of acceptance of the ward pharmacist concept, but we would have to have much stronger evidence of acceptance than is at present available before contemplating any adjustment to the number of pharmacists which we hope to produce.

Two-thirds of our register are engaged in general practice. It is generally conceded that this group is the key factor in determining future demand. But any estimate must depend upon the way in which general practice pharmacy is to develop.

The education and training of the pharmacist enable him to play a fuller and more meaningful part in the health care of the community than the present role allows. To say this is to hope for, and to work for, an expansion in the professional work of general practice but it is not to predict a move towards purely professional practice, by all general practitioners in the immediate future. Existing pharmacies could not exist financially on dispensing and the sale of medicines, etc, neither are we in a position to engineer such a revolution in tradition.

This most powerful force for change on the horizon is membership of the EEC. Yet even this will have no immediate and dramatic effect upon practice, since lengthy periods of transition are allowed.

General practice is likely to be affected by three considerations, the first depending on the success of overtures to the Government concerning planning of the service. But planning is unlikely to create the need for more pharmacies.

The second consideration is the health centre programme, which cannot but affect the viability of many pharmacies, and the third consideration is the present rate of closures. We can expect to see a continuing reduction in numbers in the immediate future, and the question is whether we are to see at the same time a consequential increase in the number of pharmacists per pharmacy. If we do not, the requirement for manpower in general practice will be reduced substantially.

Proportionately more and more women are entering the profession. We cannot neglect the fact that female members tend to have a lower employment potential than male members. Therefore, the increases which are to be anticipated in female membership must be discounted by some factor when assessing their contribution to the working population of pharmacists. This factor is of critical importance, if any estimation of future requirements is to be of value.

Women have always tended towards hospital practice where they outnumber their male colleagues by approximately two to one. One would hope that some change will occur in this situation, to achieve a more equitable distribution of the sexes in all sections of practice. Potentially, there is scope for considerably more part-time working in general practice. Potentially also, there is scope for increased ownership of pharmacies by women. If this does not occur, it may well reduce the proportion of the total number on the Register who are possible

Pictured at the civic reception held on Monday evening at the Kings Hall, Stoke-on-Trent, are (left to right) Mr and Mrs K. A. Lees, Lord Mayor of Stoke-on-Trent, Lady Mayoress, Mr and Mrs J. P. Kerr, Mayor of Newcastle and his wife

purchasers of existing pharmacy businesses, thereby leading to an even greater reduction of the total number of pharmacies.

The 1972 membership survey, the Society's fourth, showed that women form 25·4 per cent of the register (23·4 per cent in 1969). For the first time in any age group we see a substantial majority—58·1 per cent—of female members in those under 25 years old.

Although there has been an overall gain of 500 female members in the three years, the number engaged in general practice has dropped by 180. In the same period, the number in hospital practice has risen by 360, and that in non-pharmaceutical occupations has risen by 230. It seems reasonable to conclude that the pharmacy closures in the last three years have borne proportionately more heavily on the female membership.

Over half the pharmacists in general practice are 50 years of age or older, but the percentage of the total has declined from 54·3 to 51·3.

Career structure in hospitals

There is evidence of a more acceptable career structure and of more reasonable salary levels in the hospital service. Less than half the number of under 25's are employed in industry in 1972 compared to 1969. The percentage of the group employed in hospital is 36·6 in 1972 compared to 18·3 in 1969. The percentage employed in general practice has dropped from 60·8 to 52·7. The striking rise in the number of new entrants to the profession going into the hospital service is matched almost exactly by the decline in numbers going into general practice.

But one must accept that ultimately there is a limit to the total numbers to be employed in the hospital service. Also, we must not disregard the possibility that this change may, in part, be a comment upon the employment position in the rest of pharmacy.

Between 1969 and 1972 there was a net loss of 1,127 pharmacies, and 970 members ceased working in general practice. It is a gloomy statistic because it was always hoped that, as pharmacies closed we would see a more effective use of manpower, thereby improving the quality of practice by an increase in the number of pharmacists per pharmacy. We must expect to see a further contraction in the number of pharmacists required for general practice.

The increase in the proportion of British female students at schools of pharmacy is most striking in recent years. In 1969 there were 1,271 males and 882 females. In 1971 the number of males had not changed significantly, but there were 1,213 females. Two possibilities arise from this situation, bearing in mind that more female members are on the register than males in the under 25 age group. Either the graduation rate could be higher among female students, or more male graduates could be finding employment which does not require registration. It is likely that both factors are involved.

We cannot ignore the trends which are occurring in the intake to schools of pharmacy. In 1961, the total number of students was 1,794, and in 1971 the total was 2,780. This represents an increase of 55 per cent—44·6 per cent for British students. We have been advised recently that it is expected that in the next five years the number of undergraduates will increase by 10 per cent. Council has agreed that this is a reasonable expansion.

I must emphasise that the majority of conclusions at which I arrive in this, the final section of the paper are a purely personal interpretation of the situation. They do not represent Society policy. In fact, the Society has no policy. It has decided that there are at the moment too many imponderable factors to be considered, and the conclusion is that an attempt should be made, in the meantime, to maintain the register at its present numerical level. But in my view, imponderables will always be with us.

In conditions of fairly full employment, the prospective university entrant is likely to study what interests him, rather than what is practically useful.

The Government has every right to view its expenditure on higher education as an investment, and from this point of view it is paying for a good hospital and a good general practice service. The general practice pharmacist is, on average, under-employed professionally. It is unquestionably in the interests of the public to have the pharmacist spending more of his time on the work for which he was specially trained. This situation would also be in the interests of our members, in that it would make general practice more satisfying and more remunerative. This situation can be created by reducing the number of graduates coming on to the register.

If we do not produce major manpower requirements, then we are playing no part in controlling the number of pharmacists which will be produced by this country. This will continue to be done by the educationalists in their environment of university autonomy. This is not the job of educationalists; it is a political problem to evaluate the many conflicting considerations, and to decide what to do in the best interests of pharmacy as a whole. That decision must be made by the members of the Society and their elected representatives.

It is not disputed that the vast majority of our members who offer their opinions have a desire for a more professional practice, and through this they see enhanced professional status. But there is no point in encouraging our members to be more professional, to open professional-type pharmacies or to rely solely upon pharmacy for their income, if we are doing nothing to create the correct environment for this to occur. What service is it to both the community and to the profession if we commit the most responsible of our members to a low salary level? If there were fewer pharmacists, this advance in the status of the profession and this advance in the service to the community would become a far less painful process.

I do not predict widespread unemployment because, as we saw in the 1930's, general practice is a sponge which can absorb as many as wish to enter, but the quality of practice and the environment in which pharmacy is practised is of paramount importance to the self-respect of the profession.

Discussion

Opening the discussion, Miss Joan Greenleaf, London, said that pharmacy in the hospital service had not expanded over the past decade because low salaries had impeded development. But there were areas of specialisation which had not been

Another important Conference session—some members taking lunch at one of the refectories at the University

developed because of lack of staff. She questioned whether an incentive scheme for women to remain on the register and keep up-to-date could be established, such as that for the medical profession.

Mr A. Smith, Birmingham, thought that there were many functions in industry that could be performed by women.

Mr Bannerman agreed with Mrs D. A. Greenway, Kenilworth, that there should be more pharmacists per pharmacy and felt that general practice pharmacists had not the confidence in the future to increase this ratio. He hoped that the coming together of pharmacists to provide an extended service might use a little more manpower—but not much.

Professor D. A. Norton, Bath University, commented that the schools of pharmacy did not dictate their own intakes. He regretted talk of closing schools of pharmacy at this stage since it was difficult to reverse the policy. The Society had no power to control entry and must rely on "gentlemanly agreement" with the schools.

No stagnation!

Mr T. D. Clarke, Harrogate, would have no talk of "stagnation" in hospital pharmacy. He said that the increasing numbers in the service, were filling existing posts and the use of part-timers was not ideal when they were trying to build the service up. Mr Clarke estimated that the service could take a further 20 per cent in the next two years and a further 20 per cent in the five years after that. Also ward pharmacy was a "must" for the future and it would need one pharmacist to 150 beds to do the job properly compared to a present ratio of 1-300 in Leeds for example.

In reply, Mr Bannerman pointed out that hospitals employed only 10 per cent of the register and these increases would not, therefore, take many pharmacists from general practice.

Professor P. Elworthy in a comment read for him, said that the paper had been based on the misassumption that counting the number of pharmacists we had now, told us the number we could reach. It had ignored that the more affluent society became, the more it wished

Two overseas visitors at the conference are Captain and Mrs A. J. Brands from the USA. He is chief pharmacy officer for the US Department of Health, Education and Welfare

to spend on health care. "Bannermanism" would deny the pharmaceutical profession a chance to share in this increased care for the community. Mr Bannerman replied that there was so much "slack" in general practice that it could take care of the health problems of the next 20-30 years.

Consultant or technician

Miss E. M. Hirst, Wigan, questioned whether the training of technicians would influence manpower requirements. Mr Bannerman hoped that it would make the pharmacist a consultant rather than the technician. In the consortium type of health centre, he predicted a change in the proportion of pharmacists to prescriptions.

Replying to Mr J. Tomlinson, Manchester, Mr Bannerman said that the Department of Education would not disregard the comments of the professional body concerning intake to schools of pharmacy—they would not spend money they didn't have to.

Captain A. D. Brands, Washington, said it had been estimated that in the US it would require one pharmacist to 50 patients to provide "clinical pharmacy services"—by which was meant rationalisation of drug therapy, education of the patient while in the hospital, monitoring and evaluating therapy, and taking a drug history on the patients entry to hospital. He said there had been a tendency to separate the distribution system from clinical services, forgetting the patient.

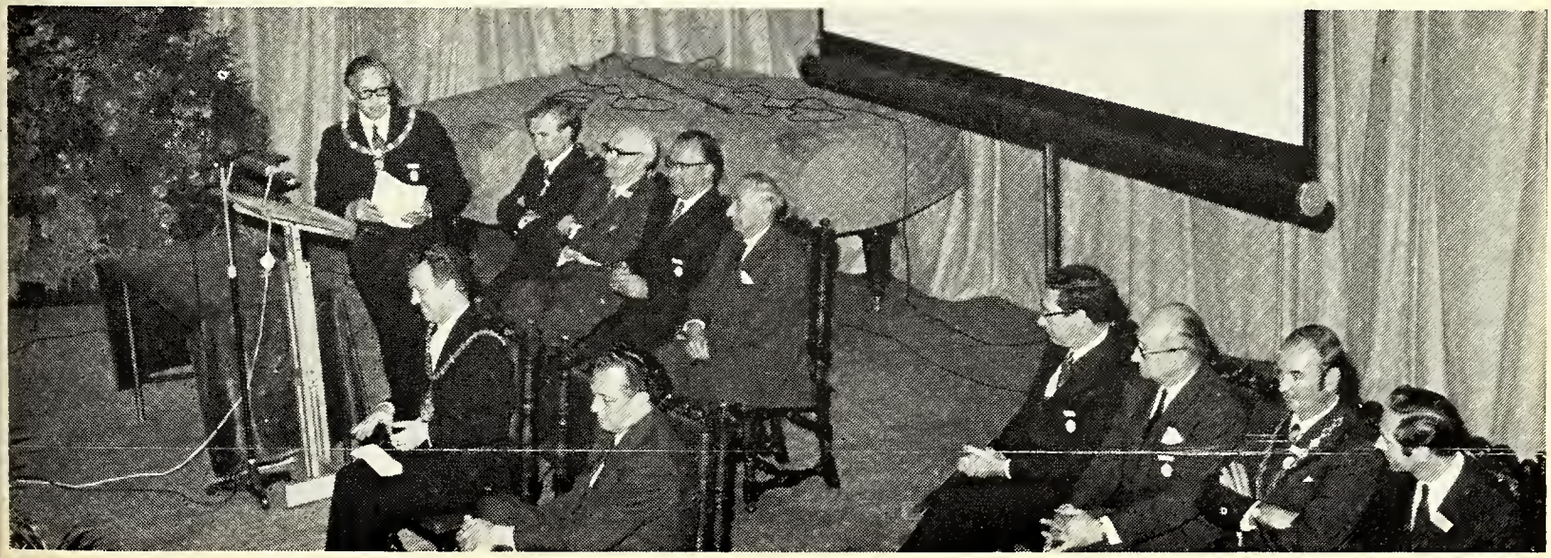
It had also been estimated that 5 per cent of the total US health budget went on adverse drug reactions and employment of pharmacists at the ratio suggested, could reduce predictable reactions by 50 per cent.

Captain Brands also mentioned the experimental role for the general practice pharmacists in the health centre programme in which the pharmacist had access to the same full records as the physician. The pharmacist was monitoring the patients' condition to see if therapy should be continued or the doctor seen again. "This is the direction pharmacy must take", he said.

Appreciated

On arrival members received gifts of toiletries and wallets in which were pens and note pads and the tickets for the week's events. There was also a note by the local Committee expressing appreciation for the help given in many forms by a number of organisations including:—Alfred Benzon Ltd, Ayrton Saunders (Burslem) Ltd, Boots Company Ltd, Branded Goods (Stock-on-Trent) Ltd, Burroughs Wellcome & Co, Buser & Co Ltd, Calmic Ltd, Chemist Mutual Insurance Co, Corporation of the City of Stoke-on-Trent, Cuxson Gerrard, Cyanamid of Great Britain Ltd, Doulton Fine China Ltd, Fisons Ltd pharmaceutical division, Frank Cottrell Ltd (Printers), Geistlich Son Ltd (Pharmaceuticals) Chester, Gillette Industries, Imperial Chemical Industries Ltd, Jaynox Ltd, John Beswick Ltd, Josiah Wedgwood & Sons Ltd, Macarthys Ltd, Nicholas Products Ltd, North Staffordshire Amateur Operatic & Dramatic Society, NPU Marketing Ltd, Pharmaceutical Packaging, Roche Products Ltd, Sandoz Products Ltd, Scott and Bowne Ltd, Shaw & Copestake Ltd, Stoke-on-Trent & Newcastle Scouts Association, Thomas Kerfoot & Co Ltd, Vestric Ltd, and Yardley of London Ltd.

Opening session: Platform party from above



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CAMERA ON KEELE

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1. Mr and Mrs Stewart, Glasgow, registering on Sunday

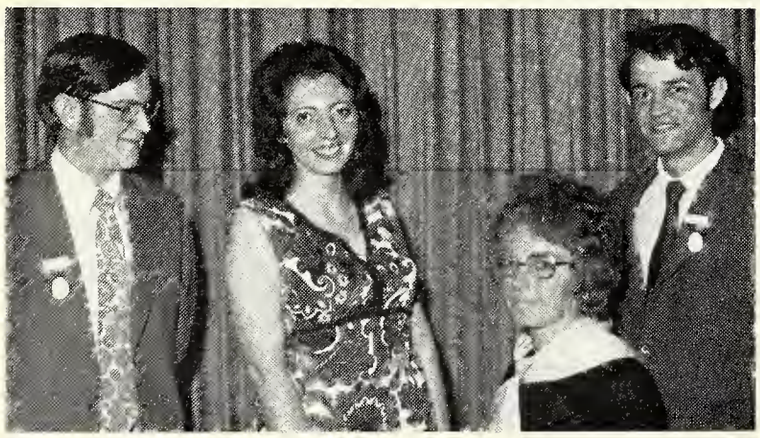
2. Two secretaries and a president: Mr Coleman, secretary Pharmaceutical Society, Ireland, Mr Lewis, secretary Pharmaceutical Society of Great Britain, Mr R. J. Power, president Pharmaceutical Society, Ireland

3. Buffet at Conference Club

4. Mrs Turner serves coffee to early arrivals: Mrs Darling, Mr Steinman, Mrs Steinman, Mr Darling and Mr Howells

5. Conference Club: D. J. Dalglish, Carmen Morgan, Janet Dudley and V'lain Fenton-May

6. Viewing the Wedgwood display near the Conference office.



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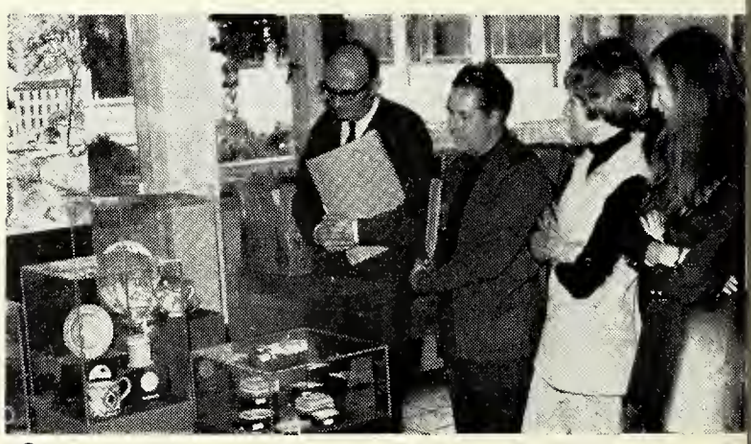

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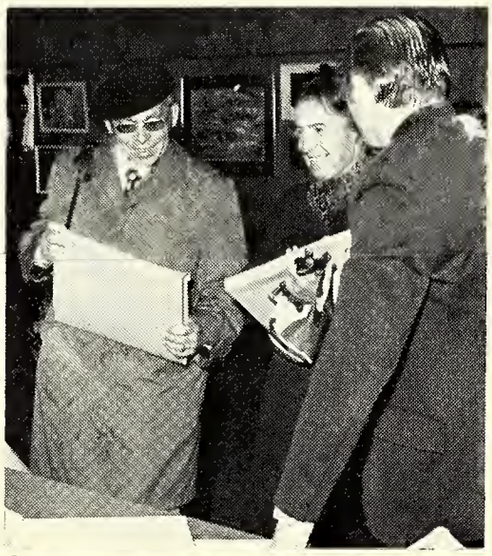

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1. Guide points out the special features at Trentham Gardens

2. Mrs Spooner, Stone, Staffs, greets Mr and Mrs J. G. Coleman, Dublin

3. Mr and Mrs W. Volk registering after their arrival from Germany

4. What shall we eat? Inspecting the buffet at the civic reception

5. Relaxing at the Conference Club: Mr and Mrs Youings, Castle Cary, Mr and Mrs Webster, Gayton, and Mr J. C. Hanbury, Ware

6. Caught in a shower with makeshift umbrellas—members from Newport, Mon

7. Audience at opening session

Investigating powder characteristics

SCIENCE SESSIONS

The physical properties of powders, particle sizes and packing densities were the initial topics at the Group A science session on Monday afternoon. J. N. C. Healey, J. F. Humphreys-Jones and V. Walters, Liverpool Polytechnic have investigated the effect of different binding agents. Acacia, gelatin, polyvinylpyrrolidene (PVP), maize starch and Tylose MH50 were used to granulate lithium carbonate. Both the strength and moisture control of the granules were found to influence tablet porosity. Increasing the moisture content of the granules caused a decrease in tablet porosity probably due, the authors state, to a lubricant action or to the behaviour of bonds under different moisture conditions. B. M. Hunter and D. Ganderton prepared granules of lactose using water as a binder and found that, within the granulating range, increase in the binder concentration increased granule strength but decreased porosity, while intermediate binder concentrations produced granules with the poorest flow and packing.

A. E. Butcher and T. M. Jones investigated some physical characteristics of magnesium stearate using simple methods of characterisation such as packing density changes and sieving measurements. They showed that marked physical dissimilarities exist in the commercially available grades of magnesium stearate.

G. C. Cole and G. May, Merck Sharp and Dohme Research Laboratories referred to their work of instrumenting a hard shell encapsulation machine with strain gauges. Work is being carried out to determine minimum lubrication levels for capsule formulations and establish whether a relationship exists between plug formation force and capsule fill weight.

The fact that some improvement in the flow and handling characteristics of procaine penicillin powder results when they absorb very small amounts of moisture from the atmosphere was commented upon by M. A. Walton who with Dr N. Pilpel had been examining the effects of particle size and shape and moisture content on the tensile strength of beds of procaine penicillin.

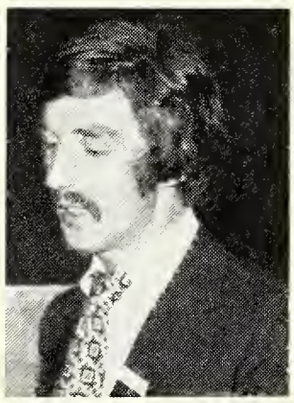
T. J. Bradley and N. H. Khan, University of Strathclyde, have evaluated the effect of glycerin, macrogol 300, cetomacrogol 1000, carbowax 1540 and glucose on the production of extra cellular glycolipids by *Pseudomonas aeruginosa* in stationary culture.

Quantities of lipids, obtained from media freed from bacterial cells by n-butanol extraction, were measured. They feel the results could be important in cream formulation particularly as glyeslipids show resistance to preservative systems.

At the Postgraduate School of Studies in Pharmacy, University of Bradford, M Rogan and C. S. Terry have studied viability losses as part of an investigation into the effects of freeze-drying upon viability and certain culture characteristics of a strain of *Penicillium chrysogenum*. Losses during and after freeze-drying from sodium glutamate solutions were measured.

Resistance of *Staphylococcus aureus* 893 to penicillin may be associated with the relatively large amounts of lipid (2·5 per cent) found in the cells walls of the strain, say T. J. Bradley and J. Wyatt, University of Strathclyde.

The strain of *S. aureus* investigated falls into a category which show intrinsic resistance to benzylpenicillin, growing in its presence without degrading it enzymatically.



G. Wade

C. A. Walton

J. N. C. Healey

Trisodium edetate and sodium dodecyl sulphate introduced in non-inhibitory concentrations were found to exert an adjuvant effect on the action of benzylpenicillin. They considerably reduced the minimum inhibitory concentration of the antibiotic, the authors suggest, by increasing the permeability of the bacterial cells.

Radiation effect

Because the commercial use of radiation sterilisation for pharmaceutical and cosmetic products in non-aqueous vehicles is becoming increasingly likely, I. J. Stratford and A. Tallentire have examined how those liquids modify the effect of gamma-rays. Working in the Department of Pharmacy at Manchester, they found there is an "oxygen effect" for cells suspended in non-aqueous liquids, the response to radiation is greater when oxygen is present than when absent.

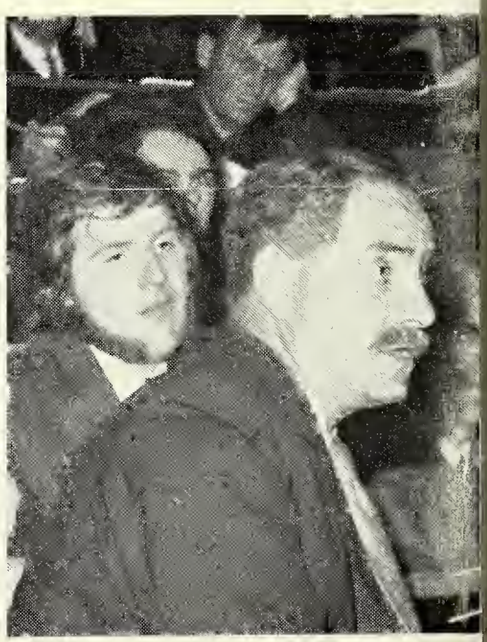
Responses seen for bacterial spores in the presence of oxygen showed a systematic variation; the tendency being for the response to increase with decreasing polarity of the suspending fluid.

One possible explanation for the different responses, they say, is that radiation-induced chemical events specific to the suspending liquid are responsible for lethal damage produced in the spore; alternatively recognised types of damage are modified by different liquids.

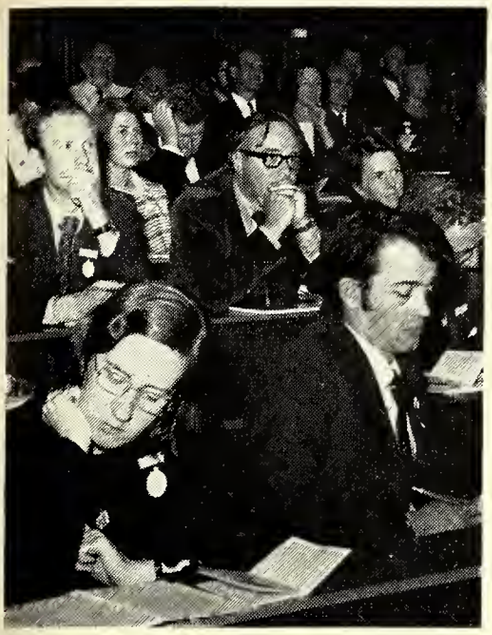
E. G. Beveridge and Kathleen Todd, Sunderland Polytechnic, reported on a marked interaction of *Escherichia coli* and magnesium trisilicate in aqueous suspension. They feel that Van der Waals forces are responsible for the adhesion of bacteria to the magnesium trisilicate particles.

Evidence that the incompatibility between cationic and anionic surfactants may not always be a bar to their use together in pharmaceutical permutations was presented by M. G. Wade from Sunderland School of Pharmacy. The communication showed that cetyltri methyl ammonium bromide could be adsorbed on to H-Kaolinite from aqueous solutions containing anionic and non ionic surfactants, in the former case probably up to the formation of a mono layer of CTAB. In the latter case competition became marked only when the negative surface change of the H-Kaolinite had been neutralised by CTAB uptake.

The stability of sulphafurazole when complexed with diethanolamine—as in some ophthalmic formulations—had been studied at Bath University. Mr B. J. Meakin reported that hydrolysis was increased by complexation but this tendency gave rise to no problem for sterilising at 120°C.



Professor D'Arcy, Belfast, asks a question during the group A session



Concentration at the science session

Conference notes

☐ A number of Conference members attended the service at the Parish church, Keele village on Sunday evening. Roman Catholic members were warmly invited by Father D. Hickling to attend mass at the Church of the Holy Trinity, London Road, Newcastle-under-Lyne.

☐ A special exhibition of Wedgwood pottery was on display in the foyer of the Chancellor's building near the Conference office.

☐ The management of Trentham Gardens allowed members to visit the gardens free of charge on production of their Conference badge.

☐ The science sessions were divided into three groups. On Monday afternoon 23 papers and communications were considered. A timetable was arranged so that members could move from group to group to listen to discussions on papers of personal interest.

☐ The massed flowers and plants in the King's Hall, Stoke-on-Trent, produced many complimentary comments from the audience at the opening session.

An innovation at Keele was the wearing of a colour flash "at front and rear" by the local officials to aid quick identification. Mr N. Durber, deputy chairman of the transport committee, whose name, we regret, was omitted from the list of Conference Committee members in the photograph in last week's issue (p. 365) shows the "flash" in use

COMING EVENTS

Monday, September 18

Colchester Branch, Pharmaceutical Society, Medical Centre, Colchester. Sergeant Hills from the Drug Squad.

Tuesday, September 19

Leicester Branch, Pharmaceutical Society, Chairman's evening.

Doncaster Branch, Pharmaceutical Society, Doncaster Acorn Hotel, Bennethorpe, 8pm. Dr D. Bailey on "Environmental pollution and the Pharmacist".

Labware '72 at Bloomsbury Centre Hotel, London. 10.0am-6.0pm, until September 21.

Fife Branch, Pharmaceutical Society, Ollerton Hotel, Kirkcaldy, at 7.30pm, "Working Dinner" speaker Dr J. Chilton (resident secretary Scottish Department).

Thursday, September 21

Bedfordshire Branch, Pharmaceutical Society, The Sun Hotel, Sun Street, Hitchin, Herts, at 8.0pm. Two films.

Cardiff Branch, National Pharmaceutical Union, Park Hotel, Cardiff at 8pm. Annual meeting.

Plymouth Branch, Pharmaceutical Society, West Hoe Hotel, Millbay Road, Plymouth, at 8pm. Speaker: Mr G. E. Appelbe, secretary, Scottish Department).

Friday, September 22

Professional Services Section of the British Diabetic Association, Queen Elizabeth College, Campden Hill Road, London W8. Discussions on "Diabetes and the Traveller", "The Diabetic Amputee" and "Genetics and the cause of Diabetes Mellitus".

Courses and conferences

First International Conference on the Compaction and Consolidation of Particulate Matter. October 3-5. Hotel Metropole conference centre, Brighton. The conference will include a session on "pharmaceutical technology and applications". Organisers: Lawson Organisation, Green Dragon House, 64 High Street, Croydon.

USP Conference on Radiation Sterilisation. October 9-10. Washington DC. Speakers include: Mr F. J. Ley, Irradiated Products Ltd, Swindon, Wilts, on: "The suitability of radiation sterilisation for the treatment of various products" and Professor A. Tallentire, University of Manchester on: "Microbial control of radiation sterilisation". Registration forms from Mr R. H. Henny, United States Pharmacopeial Convention Inc, 12601 Twinbrook Parkway, Rockville, Maryland 20852.

Fundamental Principles of Molecular Spectroscopy. Ten weekly meetings starting October 13 at 7 pm. Logical Basis of Chemical Science. Six weekly meetings starting November 7. School of Chemical Science and Technology, Kingston Polytechnic, Penrhyn Road, Kingston-upon-Thames KT1 2EE.

PHARMACY BOXES

A pharmacy box, designed for the hospital market by WCB Containers Ltd., is enjoying sales in a wider area than originally expected, the makers state. The Stalybridge firm have just supplied five of the boxes to Parkhurst Prison and another six to Chris Bonington's British Everest Expedition.

In the year since the boxes were launched, 1,000 have been sold, mostly to hospitals. The boxes, affording protection and security for the medical supplies carried in them, are "hygienic, robust and versatile."

Of about 2 cu.ft. capacity, and with a hinged lid, the boxes are fitted with a hasp as standard, and padlocks can be supplied. The boxes, which are a standard item, were designed specifically for the hospital service (WCB Containers Ltd., Stalybridge, Cheshire).

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MARKET NEWS

Dearer mercury affects salts

London, September 12: The rising price of mercury over the past few weeks has now been reflected in the rates for mercurials. As an example the perchloride is now £4·30 kg for 50-kg lots against £3·70 previously. Also dearer are theophylline and aminoplylline by £0·28 kg.

For the third week in succession, Cape aloes has been marked up while the Curaçao variety has fallen. Menthol remains firm. Sharply advanced was gentian following adverse weather conditions in the growing area. Lemon peel was again dearer.

In essential oils bois de rose, anise and Brazilian peppermint were firmer. Lemongrass eased for shipment.

Pharmaceutical chemicals

Acetomenaphthone: 100-kg lots £5·62½ kg.
Adrenaline: (Per g) Synthetic 1-kg lots, £0·059 500 g (£0·067); acid tartrate, 1 kg (£0·44); 500 g (£0·05).
Amylobarbitons: 50-kg £3·75 kg; sodium £4·30.
Ascorbic acid: £2·54 kg; 5-kg £2·51 kg; sodium ascorbate plus £0·23; coated plus £0·10.
Bemegride: BPC £16 kg.
Benzamine lactate: 1-5-kg lots, £95. kg.
Benzocaine: 50-kg lots £1·48 kg.
Bromides: Crystals (£ per kg).

	12½ kg	50 kg	250 kg
Ammonium	0·52	0·43	0·40½
Potassium	0·47	0·38½	0·36
Sodium	0·46	0·38	0·35½

*Powder plus £0·02.

Borax: BP grades, per metric ton, in paper bags delivered: granular £75, crystals £100; powder £82; extra fine powder £86. Technical grades less £20 per ton.
Brucine: sulphate £20 kg.
Caffeine: (50-kg) Anhydrous and hydrate £1·78 kg.
Calamine: BP grade £291 metric ton for 250-kg lots.
Calcium pantothenate: £3·16 kg; 5-kg £3·13 kg.
Cantharadin: £75 per 100 g.
Chlorophenesin: 50-kg lots £3·62½ kg.
Cortisone: acetate £0·25 per g.
Cyanocobalamin: up to 200-g lots £2 per g.
Dextromethorphan: Hydrobromide £98·53 kg.
Dienoestrol: 50-kilo lots £0·07 per g.
Folic acid: 5-kg lots £18·65 kg.
Hydroxocobalamin: £5·25 per g.
Iron phosphate: £470 for metric ton 50-kg lots.
Mercury salts: Per kg in 50-kg lots; ammoniated powder £5·15; oxides—yellow £5·90 and red £6·10, perchloride £4·30; subchloride £5·45; iodide £5·70 kg for 25-kg.
Neomycin sulphate: BP 5-g £27·50 g.
Nicotinamide: (Per kg) 1-kg £2·45; 5-kg £2·42.
Nicotinic acid: (Per kg) 1 kg £2·20; 50-kg £2·17.
DPanthenol: £9 kg; 5-kg £8·50 kg.
Paraffins: (minimum 1-ton lots) liquid-BP £0·552 gal; light BPC 1963 £0·466; technical white oil WA23 £0·422; WA21 £0·477, Jelly-soft white BP £95 ton; yellow BP £85.
Penicillin: Potassium, sodium or procaine, sterile £9 per 1,000 Mu for 5-25,000 Mu lots.
Phenobarbitone: 50-kg lots £2·20 per kg; sodium £2·40.
Phthalylsulphathiazole: 50-kg lots £1·60.
Physostigmine: 100-g lots salicylate £0·69 per g; sulphate £0·88g.
Pilocarpine: 1-kg lots hydrochloride £102; nitrate £95.
Piperazine: Under 50 kg; adipate £0·963 kg; citrate £0·92½; hexahydrate £0·663; phosphate £0·02½.
Potassium bitartrate: (metric ton) 50-kg lots £399; 250-kg £391; 1-ton £381.
Potassium citrate: £353 per metric ton.
Potassium permanganate: BP £0·22½ kg technical £0·21½.
Pyridoxine: £4·93 kg; 5-kg £4·90.
Lemon peel: Spot £300 metric ton; £280, cif.
Quinidine: Alkaloid (10-kg lots) £47·50 kg; sulphate (50-kg) £45·50.
Quinine: (Per kg in 85-kg lots) Alkaloid £34·25; bisulphate £26·25; dihydrochloride £32·25; hydrochloride £32·50; sulphate £28; hydrobromide (10-kg) £33·40.
Riboflavine: £14·17 kg; 5-kg lots £14·14 kg.
Theophylline (50-kg) BP anhydrous, hydrate and ethylenediamine (aminophylline) £2·56 kg.
Thiamine: Hydrochloride £6·20 kg; 5-kg £6·17 kg; 25-kg £6·10.
Vitamin A: Oily 1 m iu per g £6·68 kg; 5 kg £6·58 kg; dried acetate 325,000 iu per g £3·48 kg: 500,000 iu, £4·55.
Vitamin D_2: Powder for tableting 850,000 iu per g, £17·88 kg; 5-kg £17·78 kg.
Vitamin E: (per kg) £6·95; 5-kg lots £6·92.

Crude drugs

Aconite: Spot £1,125 metric ton; £1,100, cif.
Agar: (lb) Kobe No 1 £0·85 cif; European £0·73.
Aloes: (metric ton) Cape primes £300 spot; £275, cif. Curaçao £765 spot; £710, cif.
Balsams: (lb) Canada: £2·05 spot; shipment £1·95 cif. **Copaiba:** BPC £1·25, Para £0·40. **Peru:** £1·15 £1·10, cif. **Tolu:** BP £0·70.
Benzoin: BPC £40 cwt spot; £38, cif.
Buchu: Spot £1 per lb; shipment £0·95, cif.
Camphor: BP natural powder £0·85 kg spot; £0·80, cif. Synthetic BP £0·57 kg in 500-kg lots.
Cardamoms: (Per lb cif) Alleppy greens No 1. £0·85; prime seeds £0·90.
Cascara: Spot £450 metric ton; no cif offers.
Cassia: Lignea, whole £640 metric ton cif.
Cherry bark: Spot £380 metric ton; £370, cif.
Chillies: Zanzibar £600 ton afloat.
Cinnamon bark: Seychelles £275 ton, cif.
Cinnamon quills: Ceylon four O's £0·27 lb, quillings £0·14 lb.
Cloves: Madagascar £1,450 metric ton, cif.
Cochineal: Tenerife black-brilliant £6·85 kg spot; £6·75, cif. Peruvian silver grey £5·10.
Cocillana: Spot £0·35 lb.
Colocynth pulp: Spot £700 metric ton.
Dandelion: Root £410 metric ton spot; £385, cif.
Ergot: Spot £3·10 kg.
Gentian: Root £440 metric ton spot; £430, cif.
Ginger: (ton) Cochin £240, cif. Jamaican No. 3 £1,050 spot; £850 cif. Nigerian split £210 spot, £185, cif; peeled £310 spot; £285, cif. Sierra Leone, nominal.
Gums: Acacia: Kordofan cleaned sorts £305 metric ton spot; £280 cif. **Karaya:** No. 2 faq £22 cwt spot. **Tragacanth:** (cwt) No. 1 spot £250, No. 2 £220.
Henbane: Niger spot £430 metric ton; £420, cif.
Honey: (ton) Australian light amber £263, medium £251. Canadian not available. Mexican £246. Chinese light amber £238.
Hydrastis: Spot nominal; £2·50 lb, cif.
Ipecacuanha: (per lb) Matto Grosso £2·50 spot; £2·40, cif, Costa Rican £2·05 spot; £1·95, cif.
Jalap: No offers.
Kola nuts: West African halves nominal on spot; shipment £84 metric ton, cif.
Lanolin: Anhydrous BP minimum 1,000 kg £375 to £415; cosmetic grade £430.
Liquorice root: (metric ton) Chinese £110. Russian £115. Spray-dried powder £396, delivered. Block juice £431·50.
Lobelia: American herb £750 metric ton, cif.
Lycopodium: Indian £2·00 lb spot; £1·75, cif.
Mace: Grenada £0·35 lb. fob.
Menthol: (kg) Chinese spot not quoted; shipment £6·28, cif. Brazilian spot £3·85; £3·80, cif, September-October.
Nutmeg: (Per ton, cif). Grenada: 80's £570; sound unassorted £490, defectives £375, all cif.
Nux vomica: Shipment £100 metric ton, cif.
Patchouli: Spot £5·50 to £6; £5 to £5·50, cif.
Pepper: (ton) Sarawak black £380 spot; £340, cif; white £555; £515, cif.
Podophyllum: Emodi £370 metric ton cif.
Quillaia: £470 metric ton nominal.
Rhubarb: From £0·30 to £1·50 lb.
Saffron: Mancha superior £84 kg.
Sarsaparilla: Spot £0·63 lb.
Seeds: (ton) **Anise:** China star £175, spot; shipment £125, cif. **Caraway:** Dutch ex wharf £390. **Celery:** Indian £300; shipment £265, cif. **Coriander:** Moroccan £80, cif. **Cumin:** Indian £300, cif. Chinese £235, cif. **Dill:** Indian, for shipment £120, cif. **Fennel:** Chinese £130 (metric ton), cif; Indian nominal. **Fenugreek:** Moroccan £69 long ton, cif. **Mustard** £60-£120 spot.
Senega: Canadian £1·75 lb spot and cif.
Senna: (lb) Tinnevelly No. 3 faq leaves £0·06½; pods, hand-picked £0·11; manufacturing £0·08½; Alexandria h/p £0·52 ex wharf; manufacturing £0·26 nominal.
Squill: White spot £300 metric ton; £260, cif.
Styrax: £2.30 lb spot; £2·25, cif.
Tonquin beans: Para Spot nominal; £800 metric ton, cif.
Turmeric: Madras finger £200 ton; £172·50, cif.
Valerian: (metric ton) Continental £280; £275 cif; Indian £270 spot; £265, cif.
Waxes: (ton) **Bees'** Dar-es-Salaam, spot nominal: £610, cif. **Candelila** nominal **Carnauba** prime yellow spot £750.
Witchhazel leaves: Spot cleared; new crop £820 metric ton, cif.

Essential oils

Anise: Chinese £1·55 kg spot; £1·45 cif.
Bay: £8 kg spot.
Bergamot: £9·35-£14 kg as to grade.
Birch tar: Rectified £2·53 kg.
Bois de rose: Spot not quoted; £3·45 kg, cif.
Peppermint: (per kg) Arvensis Chinese, spot unobtainable; Nov-Dec £2·65, cif. Brazilian £1·70 spot; £1·67½, cif. American piperata from £1·60.
Sage: Spanish nominally £4 kg spot.
Sandalwood: Mysore spot £13·50. East Indian for shipment £13·40 kg, cif.

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New guidance on health centre pharmacies

The wishes of local pharmacists should be met whenever possible if an Executive Council has to consider requests by chemist contractors for health centre accommodation.

That is stated in guidance note issued to Executive Councils by the Department of Health, which sets out the points upon which the Council must first satisfy itself.

Discussing the need for an in-centre pharmacy, the note says its provision would in many cases be advantageous for many patients, but so would a pharmacy adjoining the health centre. "The Executive Council need to know which of the pharmacists in the area are interested in providing pharmaceutical services in the health centre, for which purpose it is presumed that they would propose to form a consortium; and if the consideration given by them to the alternative of a pharmacy in separate premises adjoining the centre, if this is practicable.

Additional outlet?

If the considered preference is for a pharmacy within the health centre, the Council then need to know whether the health centre pharmacy would be solely an additional outlet or whether it would be proposed to close any of the existing pharmacies; and whether a pharmaceutical service would continue to be provided in districts some distance from the health centre."

The viability of a health centre pharmacy would be of concern to the Council, says the note. The principal factors to be taken into account are:—

- charges which the local health authority would make for accommodation, rates and services;
- other running expenses of the pharmacy;
- initial cost of fitting out the pharmacy, for which the consortium would be responsible;
- number of patients expected to use the centre (some doctors who will practise from the centre may retain surgeries elsewhere);
- number of prescriptions likely to be dispensed (some patients may have their prescriptions dispensed elsewhere);
- the extent to which it may be proposed to provide private pharmaceutical services.

"The Executive Council should satisfy itself that the question of size and provisional layout has received due consideration by the pharmacists, in the expectation of avoiding difficulties at a later date."

Proposals

Discussing further the provision of private pharmaceutical services, the note says the Secretary of State would be prepared to consider proposals in due course where there was agreement between the Executive Council, the local Pharmaceutical Committee, the pharmacists concerned and the local health authority that this was appropriate in the light of local needs and the convenience of those using the centre.

A list of items to serve as "a guide for the purpose of discussion at the initial stage" is given as follows:—

Drugs and medicines on the written prescription of a medical practitioner, dental practitioner or veterinary surgeon; drugs and medicines prepared for specific customers; pharmaceutical preparations to be used in the health centre and pharmaceutical services required by the health centre; "substances recommended as medicines"; invalid foods; goods and foods used in the care of infants; disinfectants, antiseptics; surgical appliances, dressings, plasters, nursing requisites; sanitary towels and similar goods for women's hygiene; goods necessary for the maintenance of dental and oral hygiene; family planning requisites; chiropody requirements; veterinary medicines; electro-medical and actino-therapeutic apparatus and services; scientific and diagnostic materials, apparatus and instruments.

If part of the catchment area is rural it would be reasonable to consider:—

Agricultural, horticultural and industrial chemicals, insecticides and pesticides.

The Executive Council should satisfy itself that the consortium would be prepared to occupy the accommodation for a period of at least five years. "It would not, however, be reasonable to expect the consortium to remain committed to an agreement if circumstances outside their control arose which made the pharmacy unviable.

"The articles of association establishing the consortium would normally only be of concern to the pharmacists involved. However, the Council would want to be satisfied that the arrangements would be such as to safeguard against the creation of a monopoly situation, providing on the one hand for the possible retirement of consortium members or the closure of their existing pharmacies; and on the other, for the enlargement of the consortium in appropriate circumstances."

More than 100 members of the British Pharmaceutical Conference at Keele, Staffordshire, chose a visit to the Macclesfield Works of ICI for their Wednesday afternoon excursion. The members, who formed the largest party ever to visit the works, were welcomed by Mr Philip Howard, home and European director, ICI pharmaceuticals division. Above, the operation of the automated warehouse—the largest of its kind in the industry—is explained by Mr Tony Morgan (left), assistant warehouse manager

Professional fee raised to 17p

A new professional fee of £0·17 per prescription has been agreed to take account of increased NHS remuneration from August 1, the Central NHS (Chemist Contractors) Committee has announced.

Higher fees will be attracted as follows:—

Extemporaneously dispensed cachets, capsules, hibeat-triturates, lozenges, pastilles, pessaries, suppositories, enteric coating of tablets etc; liquids prepared with aseptic technique (including eye drops and eye lotions formulated prior to publication of BPC 1966 Supplement) ... ... £0·42

Individually-wrapped powders £0·60

Extemporaneous sterilisation — liquids or solids prepared with a BPC 1968 sterilisation process ... ... £0·85

Little change in chemical prices

The provisional index of home market prices in the chemicals industry for the second quarter of the year (125·3) shows little change from the first quarter.

Above average increases were shown in the toilet preparations and soap and detergent sectors. For pharmaceutical chemicals, however, the index has fallen for the second successive quarter and is now 5 per cent below the level of the fourth quarter of 1971.

The Department of Trade and Industry, giving these figures, mentions that prices of pharmaceutical preparations advanced by one-and-a-half points to 105·8 in the second quarter from the first.

The estimated index of output for pharmaceutical chemicals and preparations combined at 234 was seven points ahead of the first quarter of 1972 and the same on the second quarter of 1971.

Pharmacy assistant wins redundancy pay claim

In granting a chemist's assistant over £250 redundancy pay, the Industrial Tribunal in London have decided to disregard a section of the 1968 Medicines Act which states that an unqualified person cannot hold a partnership in a pharmaceutical business.

The Tribunal said: "We cannot regard the Medicines Act 1968, which is an Act designed to regulate the sale of medicines, etc, under proper qualified auspices, as being the clear and unequivocal authority for altering the rules of partnership as established in equity or under the Partnership Act of 1890."

In a reserved decision on an application by Mrs Annie Arksey, Headstone Road, Harrow, against Mr Richard Osman, who employed her until February at his Pinner Road pharmacy, the Tribunal have awarded her £257·25 redundancy pay.

June hearing

At a hearing in June, the Tribunal heard Mr Osman bought the Pinner Road business, where Mrs Arksey had worked for many years, in his name alone, although he told the Tribunal: "I have always regarded my wife as a partner." Mrs Arksey was retained in the shop and Mrs Osman worked in the mornings.

On February 25, said Mrs Arksey, Mr Osman told her he had to dismiss her. Mr Osman told the hearing although the business had not declined it had not grown as he had hoped, so Mrs Arksey left and his wife worked full time without any pay increase. Shortly after, a part-time worker was taken on.

At an adjourned hearing, counsel for Mr Osman contended that, because of the Medicines Act, Mrs Osman could not be a partner as she was not a pharmacist.

Mrs Arksey, he said, was replaced by Mrs Osman, who was an employee and, therefore, there could be no redundancy. He claimed the work of the business had not diminished and there was no diminution in the need for employees.

But in their conclusion, the Tribunal point out that under the Redundancy Payments Act, any employee shall be deemed to have been dismissed for redundancy unless the employer proves the contrary and, they claim, Mr Osman failed to discharge this burden of proof.

The Tribunal also find that Mr Osman "clearly deemed that the overall need for employees had diminished and that, therefore, he could dispense with the services of Mrs Arksey. This therefore, in itself seems to us a redundancy".

The Tribunal describe the argument that Mrs Arksey had been replaced by another employee as "misguided". They say, despite the Medicines Act, "it is still possible for a person to be a sleeping partner in equity in a chemist business, even though they are not qualified".

Mrs Osman, say the Tribunal, had some financial interest in the business and her husband always regarded her as a partner in all his affairs.

Finally, the Tribunal point out that one of their lay members suggested that had their decision been any different, an employer who wanted to avoid paying redundancy money could dismiss an employee, and replace the employee with his wife, claiming there was no redundancy and then, after a short interval, dismiss his wife, who would not have a redundancy claim against him.

General sale list out in October

It is understood that details about the general sale list should be revealed by the Medicines Commission by the end of next month.

There is speculation that the list, which will name those medicines that may be sold by shops which are not pharmacies, will include aspirin, but not phenacetin-containing products.

The main body of the Commission has now received a report on the general sale list from the committee set up to consider it. Details are being approved before a final report on the subject is released to interested bodies for further consultation.

Those organisations' comments will go back to the Commission before the list is readjusted, if necessary, and it is submitted to the Secretary for Social Services. It is understood that the final list may be published at the end of this year.

Mr W. Glencross, manager (Scotland) for Shulton (GB) Ltd presents Mr and Mrs C. Greig of Ian M. Mackenzie Chemist with their prize as the northern area winners in the 1972 Old Spice window display competition. On the right is Mr W. Glencross (jnr), Shulton's area representative in Scotland

New officers of IDA

Mr John P. Burke (Dublin) is the new president of the Irish Drug Association. He was elected at a committee meeting on September 4. The new vice-president is Mr John Kennedy (Portlaoise). Retaining his position as the treasurer for a seventh successive term is Mr Des McHugh (Athy).

Mr Burke has been vice-chairman of the Joint Health Negotiating Committee. A founder member of the Irish Pharmaceutical Association, he is recognised as one of pharmacy's most "dynamic personalities."

After serving his apprenticeship with Mr John Smith, Tyrconnell Road, Inchicore, he qualified in 1950 and after a spell doing locums opened his own pharmacy in Marlborough Street, Dublin.

Another 'shop' for F P A

The Family Planning Association has opened another family planning "shop" and clinic. The new one is at Coalville in Leicestershire and follows close behind the "shop" opened at Hammersmith, London (*C&D*, September 9, p 364).

New medicines exempt PT

The Purchase Tax (No 4) Direction 1972 issued by Customs & Excise temporarily exempts further medicines from purchase tax. The effect of the Direction, which became operative on September 19, is to make the additions to the entries obtained in the Schedule to the Purchase Tax (No 5) Order 1971.

Added to Head II are: Fluspenthixol decanoate [Depixol]; lorazepam; pancreatin, mixed with bromelains and ox bile [Nutrizym]; Salmefamol.

The entry relating to "alphaxalone alone, mixed with alphadolone acetate" now reads: "Alphaxalone, mixed with alphadolone acetate and prepared in saline and polyoxyethylated castor oil" [Althesin].

The Treasury will in due course be asked to make an Order which will give permanent statutory effect to this Direction.

Doctors are too liberal

Doctors are far too easy-going about prescribing medicines and many give patients tablets just to keep them quiet, according to a report in the *Daily Mail* this week.

"Half the drugs prescribed are either discarded or the medical advice on their use is ignored", the article continues.

It refers to the publishing of a detailed survey on patients and their attitude towards medicines conducted by Swansea University's medical sociology research centre.

COMPANY NEWS

London chemists in voluntary liquidation

A deficiency of £8,986 as regards unsecured creditors was shown in the statement of affairs of Pratt Chemists (Kilburn) Ltd, 1 Princess Road, Kilburn, London NW6, at a recent meeting at which Mr Peter W. Pratt, one of the directors, presided.

Claims of unsecured creditors totalled £11,712, of which £3,950 was owing on trade account, £139 to expense creditors and £7,623 directors' loans. After allowing £150 to preferential creditors net assets were valued at £2,726.

When business commenced in 1965 there were high hopes for the future but in 1970 when Mrs Pratt's health deteriorated it became necessary to employ locums and what started as a temporary expedient whilst Mrs Pratt recovered her health developed into a long-term drain on the company. Attempts were made to dispose of the business but they did not prove successful.

After discussion, creditors resolved to confirm the voluntary winding-up of the company with Mr Ronald Parkyn Booth, FCA, of Booth White & Co, 1 Wardrobe Place, Carter Lane, London EC4, as liquidator.

Dawson & Barfos first half down

Despite the fact that turnover is at a much lower level than 1971, the directors of Dawson & Barfos hope that results for the second half of 1972 will show a "significant improvement" on those reported for the half-year ended June 30.

For this period the pre-tax profit is down from £41,000 to £8,000.

Trading profit for the half year to June 30, was £55,000 (against £90,000) comprising essence division profit £107,000 (£73,000), engineering division loss £52,000 (profit £12,000) and dividends and interest received nil (£5,000).

The board states that the results of the essence division are regarded as satisfactory.

Ransom chairman on prospects

Although the floating of the pound has increased the price of imported raw materials for William Ransom & Sons Ltd, the chairman, Mr M. H. Ransom, in his annual report, says that exports amount to over 50 per cent of total turnover, "the ultimate effect appears at present slightly beneficial".

Mr Ransom expects the present trend to continue and that it will be possible "to announce higher profits and an increased dividend again next year".

(Accounts for year ended March 31 see *C&D*, August 12, p 225.)

Changes at a Barclay depot

Extensive changes have taken place at the Brighton depot of Barclay & Sons Ltd. A new reception area has been built and the warehouse is being completely reorganised to give a greater degree of efficiency. Slow moving lines are being removed to be replaced with items which are of current interest to the customer.

There is now an almost completely new management team working there. Mr Graham Crompton has been appointed general manager of Barclay & Sons in the south-east, which gives him responsibility over the operations at Brighton, Croydon and a third depot about to open in the London area. Mr Crompton has worked within the Barclay group for some years.

The new manager of the Brighton depot is Mr John Pattinson.

Loss into profit for Dreamland

Dreamland Electrical Supplies Ltd have made a profit, before tax of £100,200 for the half-year ended June 30. This compares with £23,000 loss in the equivalent 1971 period. Net profit is £76,000.

An interim dividend effectively raised from $6\frac{2}{3}$ per cent to 8 per cent is declared. For the previous year a total dividend of $23\frac{1}{3}$ per cent was paid on a pre-tax profit of £246,000.

While in a seasonal business it is difficult to predict the final results, the board is nevertheless encouraged that orders to date are being maintained at a "very buoyant level".

It has now been possible to close the two Reading service factories and relocate the activity near the Hythe factory with consequential savings in costs.

Mr W. J. Curtis, chairman, William R. Warner & Co, presents Mr Jack Shepherd with a silver tea service to commemorate his quarter century with the company. Mr Shepherd is regional sales manager for the company's chemical division, Wales/West.

Changes at Steetley Co Ltd

Steetley Co Ltd have created a new organisational structure within the company. It came into effect on September 1.

Mr E. Jones has been appointed managing director, minerals group comprising—Steetley minerals division, Berk mineral products division and Denniff division.

Mr A. L. Beard has been appointed managing director, chemicals and ceramics group comprising the following divisions: chemicals manufacturing, chemicals trading, magnesia, and ceramics.

Mr H. A. M. Edwards has been appointed managing director, Denniff division.

The appointments are all promotions of senior executives from within the company.

Continued on p 428

Company statement

Benn Brothers improved results

The results from the six months January to June this year were the highest for any comparable period except one in the long history of Benn Brothers Ltd, states the chairman, Mr E. Glanvill Benn, in the annual report. The shortfall for the last half of 1971 as against the previous July to December figures was more than made up and the group profit after tax for the year ended June 30 was £173,273 (against £130,703 in previous year).

"This satisfactory outcome derives entirely from normal trading as publishers of journals, directories and books. The profit was made, it must be added, during a period altogether exceptional for Benns. There were higher costs for wages and salaries which no shareholder will grudge, more for paper and printing as usual; but in addition the expensive disruption and discomfort of moving out of Bouverie House, headquarters of the firm for 46 years, to other offices had to be faced, as had coal strikes, power cuts, and railway go-slows (absurdly dignfied with the mendacious euphemism 'working to rule').

"In spite of these various handicaps increased profits from journals and books were achieved. They were the hoped for rewards from the thought and money and care and—why not say it—expertise put into established Benn publications. For example, that very influential and important weekly, *Chemist & Druggist*, whose acquisition by the group was reported eighteen months ago, cost a substantial sum in rehabilitation during the financial year 1970/71. This year its considerable profit has helped towards the improved results in the second half of the year."

Profit from trading, that is to say before taxation and extraordinary items, being up by 53 per cent the board recommends an increase in the dividends for the full year to total $17\frac{1}{2}$ per cent against $13\frac{1}{2}$ per cent.

Continued from p 423

Croda ahead in first half

Croda International Ltd had a first half profit, before tax of £1,810,000 compared with £1,342,000 in the first-half of 1971.

The chairman, Mr F. A. S. Wood, says he is reasonably confident the same level of progress will be maintained in the second half.

The interim dividend is raised from the equivalent of 6·5 per cent to 8·5 per cent, but Mr Wood says it should not necessarily be assumed the final will be increased in the same proportion.

First-half sales rose from £23,036,000 to £26,272,000. Net profit improved from £777,000 to £1,062,000.

Unigate wanting to diversify

Unigate Ltd would have "quite a struggle" this year to achieve results as good as last year's chairman, Sir James Barker told the annual meeting last week.

In his annual statement in August, Sir James forecast an improvement on last year's record £13,264,000 pre-tax profit.

He added that Unigate were trying to find ways of diversifying out of milk areas where it did so well, such as transport and plastics.

Wilkinson Sword acquire Scripto

Wilkinson Sword Ltd are to acquire a controlling interest in Scripto Industries (Shannon), Scripto Pens and their subsidiaries as at January 1, 1973. These companies have the exclusive manufacturing and selling rights in the UK and Europe for Scripto writing instruments and cigarette lighters.

Mr C. Lewinton, group managing director of Wilkinson, said he believed the marketing and general operational needs of both the writing instrument and razor blade industries had much in common.

PEOPLE

Charles W. Grubb, general manager of G. H. Zeal Ltd, retires from the company on September 29 after 44 years of unbroken service. He joined Zeal as an order clerk, and progressed through various positions with diverging and increasing responsibilities until reaching his present post. W. E. "Jack" Shettle will be taking on the duties of general manager.

Glenn Sonnedecker, PhD, has been named the recipient of the 1972 Remington honour medal of the American Pharmaceutical Association, one of the highest US pharmacy awards.

The citation said: Dr Sonnedecker has been actively interested in the history of pharmacy for three decades and because of his signal leadership in preserving the history of pharmacy a multitude of pharmacy students in the past, present, and in the future will have a greater appreciation of their profession.

Deaths

Anderson: Recently, Mr Alan Anderson, FPS, 9 Sullington Way, Shoreham-by-Sea, Sussex. Mr Anderson was a medical representative with Glaxo Laboratories Ltd for 22 years covering the county of Sussex throughout his service. He qualified in 1947.

Bobby: Suddenly, on September 10, Mr Stanley Charles Bobby, MPS, 37 High Street, Soham, Cambs. Mr Bobby qualified in 1920.

Wardman: On September 11, Mr Richard William Wardman, MPS, 37 Market Hill, Sudbury, Suffolk, aged 81. Mr Wardman qualified in 1913.

Appointments

British Dyewood Co Ltd have appointed Mr W. Frame, CA, to the board as financial director. He will continue as company secretary, a position he has held since 1963.

Department of Health and Social Security:
Dr F. D. Beddard, chief medical officer, Ministry of Health and Social Services, Northern Ireland, has been appointed deputy chief medical officer of the Department of Health in London.

Gillette Industries Ltd, have appointed Mr John Ryan, field sales manager.

Eli Lilly International Corporation have appointed Mr William G. Davis, jun group vice-president in charge of Europe, the Middle East and North Africa.

Topical reflections by Xrayser

Imponderables

Both Mr J. P. Kerr (president, Pharmaceutical Society) an Mr J. P. Bannerman, in their different addresses to th Conference at Keele, dwelt on the manpower situation i pharmacy as revealed by the recent survey. As is invariabl the case, it is easier to assemble the evidence than to dra conclusions, for, as Mr Bannerman pointed out, there a many imponderables, and precise prognostication is out c the question.

There is, as the president said in his opening speech, th dilemma which will face us subsequent to our entry int the European Economic Community, and no one can, a the moment, foresee the repercussions of that step. Mr Ke referred to the enormous increase in the number of pharmac graduates in France, where, with a population approximatel equal to that of Great Britain, some 3,000 are now qualifyin each year, compared with 800 to 900 in this country. Th president described that figure as "staggering", and so, o the face of it, it seems to be, but we would require to kno the total number of pharmacists registered in France to mak the comparison a valid one.

The figure in France was apparently determined by chanc or expediency, he went on, while our own was determine by an estimation of the number needed to maintain ou register at its present level. Mr Bannerman also quoted th figures the president used, but of our own intake he said i was determined by educationalists in their environment o university autonomy. That was not the job of the educa tionalist, said Mr Bannerman. It was a political problem and the decision must be made by the members of th Society and their elected representatives.

Numerical size

In the president's address, reference was made to the fac that the register had almost trebled in size in the year following the first world war, and therefore it was reasonabl to conclude that it would diminish correspondingly i numerical size when the pharmacists who came on to th register reached retirement age. Fortunately, for a variety o reasons, that had not happened, said Mr Kerr, and, o course, figures support his statement.

But Mr Bannerman threw a little more light on the subject when he pointed out that between 1969 and 1972 the numbe of pharmacies closed was 1,125, but there was a reduction o 970 pharmacists employed. It does not follow that all 97 were previous owners of pharmacies, though it seems likel that a good many were. But that is just one more of th imponderables to which Mr Bannerman alluded.

Too many pharmacists

I agree with Mr Bannerman that we are creating too many pharmacists to ensure the best future for the profession Policy should be aimed at the fullest professional use of th skill and knowledge of the pharmacist. I am not sure that I agree with his reference to general practice in the 1930s as a sponge which could absorb as many as wished to enter.

That sponge was not particularly absorbent for a number of newly-qualified men, one of whom I knew well. He had had a first-class training in a good pharmacy, and he was reduced to peddling tea, while another was pressed to accept an assisted passage to Australia to work on the land. But both the president and Mr Bannerman demonstrated that they had given much thought to their material.

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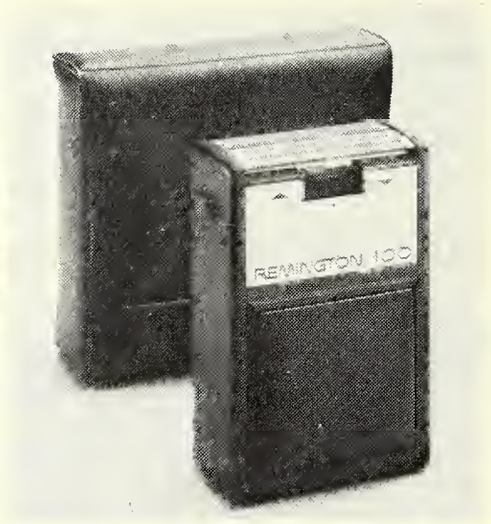
NEW PRODUCTS AND PACKS



Cosmetics and toiletries

Conditioning hair rinse

A new rinse from Beecham has been specially formulated to suit three different hair types, each one containing extra conditioning properties derived from mineral oil, fatty alcohol and lanolin. In addition, specific conditioning ingredients have been included in each formulation—astringent, witchhazel and lemon for greasy hair, a herbal tonic conditioner for normal hair and moisturising almond oil in the variant for dry hair.

Silvikrin conditioning rinse is available in two sizes. The 40cc shatterproof plastic bottle is enclosed in a cardboard carton bearing a colourful design motif (£0·18) and also available is a one-shot foil sachet (£0·05). Both pack sizes are available in three variants, for dry, greasy and normal hair (Beecham Products, Great West Road, Brentford, Middlesex).

Fragrance linked to Zodiac

Gerhardt Pharmaceuticals have a perfume Cologne range in co-operation with "Katrina, the well known astrologer". Twelve individual Colognes (£0·95) are linked to the signs of the Zodiac and each carton "is printed in the correct Zodiac colour with its own personality reading".

Standard packs will be available of six of each of the colognes for refilling the display stands (Gerhardt Pharmaceuticals Ltd, Thornton Laboratories, Purley Way, Croydon CR9 3BE).

Newcomers to the Miners range

Miners have taken six popular colours from their eye shadow stick range: pink, yellow, lime, blue, peacock and heather and produced a wand of colours (£0·32) to experiment with. They have also introduced a bright blue runproof mascara (£0·23) and a new foundation shade, Honey, which tones down uneven colouring while adding warmth to the skin. It is available in Glo-Liquid make up base (£0·21) and Bare make up, an all-in-one translucent foundation (£0·23).

Miners have also launched Eastern Oils, six perfumed essences of Patchouli, Musk, Jasmine, Mandarin, Verbena and Sandalwood. Each of these fragrances (£0·30) form part of the ingredients of conventional perfume ranges so the wearer can blend these oils to their own choice or wear them on their own. A free joss stick is being offered with each purchase of Eastern Oil (Miners Make Up Ltd, Hook Rise, Tolworth, Surrey).

Naturalites from Eylure

Naturalites (£0·75) are a new range of false eyelashes from Eylure which, they claim, have the lightest possible fixing base for ease of application and comfort. They are made of European hair and are permanently curled.

The range consists of Naturalites No 1, a fine, short lash recommended for the beginner; Naturalites No 2, which has the same density as No 1 but comes in a longer length and Naturalites No 3, which is a slightly heavier lash. As well as being available in black and brown, Eylure have introduced a new shade, soft black. Naturalites are displayed in a new Eylure dark brown and white pack supplied in outers of six (Eylure Ltd, Grange Industrial Estate, Cwmbran, Monmouthshire NP4 2XR).

Capsules for the bath

Verona bath pearls from Vernon Powell are capsules filled with dispersable bath oil supplied assorted in three perfumes: carnation, gardenia and verbena (£0·15) and come in clear plastic boxes (Vernon Powell Ltd, Verona House, 54 Selsdon Road, South Croydon, Surrey CR2 6XE).

Eye shadow combination

Rimmel have introduced a new colour combination in the compressed eye shadow palette range (£0·34) in four softer shades: mimosa, mint, bluebell and orchid. The new colours are also available individually at 15p each. A washable foam applicator is included in the palette (Rimmel International Ltd, 17 Cavendish Square, London W1).

Black Label soap for men

New in the Yardley Black Label range for men is a creamy soap, individually wrapped in black (£0·22). The soap is available in boxes of three tablets (Yardley of London Ltd, 33 Old Bond Street, London, W1X 4AP).

Electrical

Lektro Blade 100 shaver

An addition to the Lektro Blade range of Remington dry shavers, is Lektro Blade 100 (£7·50). The makers claim that although extremely competitive, there are a number of good features in this new shaver. They include a powerful motor to give the newcomer to dry shaving or the experienced electric shaver user a first-class result; adjustable guide-combs for closeness and comfort, and twin shaving heads. A "new shaver" performance is ensured constantly by the replaceable Lektro Blade cutters. The Lektro Blade 100 is in black with silver trim, has dual voltage 110/127-220/240 volts AC only, and it comes packed in a black travel pouch (Remington Electric Shaver Division, Apex Tower, 7 High Street, New Malden, Surrey).

Sundries

Kergal apple juice

Three and a half pounds of apples are said to go into each 33 fl oz pack of Kergal (£0·27)—a pure, natural apple juice. Nothing is added; no sugar and no preservatives. Kergal is in a "pierce 'n' pour" Hypa pack that takes up even less space than a conventional 26oz glass bottle. The sealed, light-proof carton provides a long shelf life in sterile packaging. It is laminated for strength but light in weight. Kergal is a product of La Fermiere, Messac, France (The Taunton Cider Co Ltd, Norton Fitzwarren, Taunton, Somerset).

New maternity support tight

A lightweight support tight, specially designed for mothers-to-be, is being launched onto the market by Personal Supports. Called Sheer Perfection maternity support tights (£1·60) they are knitted from highly-twisted Lycra and Spandex yarn which, say the makers, ensures firm, clinging support from waist to toe and eliminating bagging and wrinkling at knee and ankle.

The tights are of seamfree construction with reciprocated heel and round-the-toe seaming for snug fit while the body part features a specially constructed expandable front panels. Available in small, medium and large sizes (Personal Supports Ltd, Russell Street, Nottingham).

PROMOTIONS

"Today's men" competition

Following their summer advertising campaign in support of Feel Free, Gillette are giving the new deodorant further backing with a consumer competition to run through October and November.

The theme of the competition, entitled "Who are today's men", is a direct link with the advertising slogan, "Feel Free", the new anti-perspirant for today's women". It will involve an identikit head made up of the facial features of five well known film stars. Feel Free purchasers will be invited to identify correctly the film stars and provide a tie-breaking slogan, to qualify for a first prize of a holiday for two in Spain plus £50 spending money.

Other prizes will be 10 Sony portable TV sets and 100 Cat Stevens LP records. Entry requires the purchase of either scented or new unscented Feel Free. Entry forms will be available at point of sale (Gillette Industries Ltd, Great West Road, Isleworth, Middlesex).

"Women's Lib" theme

A £40,000 advertising campaign is scheduled to start on September 23 for Biovital. The theme is "Women's Lib" with such headlines as "There aren't many men would tolerate a woman's working conditions" and "The 20th Century workhouse". The first three advertisements of the campaign will appear in magazines which include *Woman, My Weekly, Living, Family Circle, Reader's Digest* and *Woman's Realm* (Radiol Chemicals Ltd, Stepfiled, Witham, Essex).

Choice of display units

Three point-of-sale displays are available from British Cod Liver Oils to help promote sales of the Seven Seas range of products during the peak selling periods this autumn and winter.

The first unit holds five 6 fl oz and two 16 fl oz Seven Seas cod liver oil, one pack each of 25, 50 and 100 Seven Seas cod liver oil capsules, three 150ml Seven Seas orange syrup, one 6 fl oz Seven Seas mixable mint flavour cod liver oil and one pack each of Seven Seas "Start Right" and Seven Seas "Formula 70" multivitamin-multimineral capsules.

The second unit holds six 150ml packs of Seven Seas orange syrup; and the third one is a wall dispenser unit that holds and displays six packs of 50 Seven Seas cod liver oil capsules.

All three display items are being distributed by the company's representatives during their autumn cycle and stock to fill the units will be invoiced through wholesalers at special bonus discount terms. The Seven Seas display material, without stock, is also available (British Cod Liver Oils (Hull & Grimsby) Ltd, Marfleet, Hull).

Fragmented market opportunity

The existing condition rinse market is a highly fragmented one in which no single brand holds a share in excess of 10 per cent say Beechams. To take full advantage of this market opportunity, Beecham have announced they intend to establish their new conditioning rinse as a major brand under the Silvikrin name. In order to do this, they are investing a large advertising programme backed by a promotional campaign which includes an introductory "on-pack" offer.

Total expenditure will be £150,000 with the advertising appropriation of £90,000 being devoted primarily to television but with additional coverage through Radio Luxembourg. The full colour 30 second national campaign commences in mid-October with four spots per week in the first five/six weeks of schedule. And a twin-sachet launch sampling pack and a "4p off" offer on the bottle back combined with strong trade bonuses are designed to achieve a repeat purchase pattern (Beecham Products, Great West Road, Brentford, Middlesex).

Consumer offers

☐ Pair of one size branded tights in exchange for two neck tags from either the 140g or 51g Bidex feminine deodorant aerosol spray mist (Lambert Chemical Co Ltd, 35 Dover Street, London W1X 3RA).

ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Alka-Seltzer: All areas
Anadin: All areas
Askit: Sc, G
Close Up: All areas
Harmony hairspray: All areas
Harmony shampoo: All areas
Lux soap: All except E
Pears soap: M, Lc, Sc, WW, NE, W, B
Reban: All areas
Sandrine: All except E
Signal: Ln, Y, WW, So, A, W
Three Wishes: All areas
Wella: M, Lc, Y

TRADE NEWS

Economy size Lenium

A new economy size pack 113g Lenium (£0·72) has been introduced by Winthrop Pharmaceuticals, Sunbury - on - Thames, Surrey KT6 4PH.

After shave withdrawn

Coty have announced they are withdrawing Bacchus Bronzing after shave from the trade until further notice. A spokesman from the company said "The difficulties we have encountered with this product are not serious nor do they result in any kind of harmful reaction among consumers. The problems are concerned with colour transference onto clothes from some types of skin particularly if the user perspires to a very high degree".

Handling charge

The Wellcome Foundation Ltd, Crewe Hall, Crewe, Cheshire, are imposing a handling charge of £0·25 on all orders of less than £25. The charge is effective from September 1.

Brand name confusion

Clearasil medicated wash, an antibacterial cleanser for the treatment of acne, introduced by Richardson-Merrell Ltd in the Lancashire television area, is possibly being confused with Clearasil AfterWash, a discontinued product previously manufactured by the same company.

Clearasil AfterWash was replaced by Clearasil cleansing lotion, an alcohol cleanser for oily skin, in July 1970.

Bonus offers

Bristol Laboratories, Langley, Slough SL3 6EB. Dricol drops and spray. Special bonus terms from wholesalers or direct (until October 27).

Bristol Myers Products, Stamford House, Langley, Slough SL3 6EB. Angiers junior aspirin 16. Special terms through representatives.

Thornton & Ross Ltd, Linthwaite, Huddersfield HD7 5QH. Covonia mentholated bronchial balsam. Special discounts 7½ per cent on 72, 10 per cent on 144 (until December 8).

J. Waterhouse & Co Ltd, Church Street, Ashton-under-Lyne, Manchester. Jackson's Febrifuge 39 small invoiced as 36, 84 small invoiced as 72 (when assorted 12 large =24 small, 12 medium = 18 small) (until October 31).

Viking Brews Ltd, 28 Clive Street, North Shields, Northumberland. Geordie home brew kits. Extra 5 per cent discount (until December 31).

LETTERS

'Which?' defended

I am amazed that anyone who has occupied the position of chairman of the ITA advertising committee could for one moment equate medicine with a dental hygiene product. I am, to say the least, surprised that you, Mr Benn, are critical of the *Which?* attack on the advertising of medicines.

Sir, medicines are different to any other item of commerce. Equally, I am disappointed at the apparent lack of responsibility shown by the representative of the BMA and BDA.

It is therefore fortunate for the safety of the public that on September 1 the sections of the Medicines Act 1968 preventing false or misleading claims in advertisements for medicinal products came into operation.

I. M. Farr
Sunderland

Makers attacked

The Pharmaceutical Society and its members must feel shame and neglect at being neither mentioned in the *Which?* report on medicine advertising nor I suspect, even consulted in its preparation.

At no point in the report were the public advised to seek the advice of their local pharmacist, who is at all times available, and most qualified to give advice on proprietary medicines.

Unlike previous *Which?* reports, this has received no Press or TV publicity, possibly due to the fear of loss in advertising revenue. What a pity. It would have provided a wonderful opportunity for retail pharmacists to step in and explain that such ridiculous advertisements exist because it is the only way some manufacturers can sell their products.

No chemist with any conscience would recommend them to his customers when he knows that they are either ineffective, outdated, or simply not worth the money. It is for this reason that manufacturers have been forced to turn to grocers and supermarkets, where self-service display and unsupervised sale carry the obvious risks of incorrect and over-medication, disapproved of by the medical profession.

These risks are increased by modern sales promotions, special offers and "cut prices", the latter indicating further the manufacturer's desperation to sell his worthless product, unsaleable on it's own merit. Surely these facts must be made obvious to the general public.

One cannot blame the Consumers Association for it's failure to do this in the *Which?* report, for it is the duty of pharmacists, having specialised knowledge in this field, to protect the public from exploitation by unscrupulous manufacturers.

Something must be done *now*. I, for one, have had enough of:

☐ Having manufacturers and representatives dictate my buying and selling.

☐ Having customers ask for Yeastvite for headaches (housework or otherwise) and Alka Seltzer for stomach upsets (now known as Fuzz).

☐ Seeing the look of disbelief on a customers face when I recommend something she hasn't seen "on the telly".

☐ Noting the steady increase in medicines on sale in supermarkets, with complete indifference to public safety.

☐ The feeble attempts at control over medicine resale price maintenance. A chemist who complains is laughed at by supermarket managers, only too eager to brand him locally as a "mean spoilsport" and edge him nearer to closure.

As retail pharmacists, whether in large or small establishments, we are in grave danger of losing our livelihood and our self-respect. A united effort must be made before it is too late. Nationwide TV, Press, and shop-window advertising, aimed at enlightening the public would surely receive the support of the medical profession. The public would then begin to take notice, and we would be a force to be reckoned with by manufacturers who in future might spend their money and effort on improving their products to *our* satisfaction, instead of duping the unsuspecting public with ridiculous advertising campaigns.

I can only conclude this letter in the hope that sufficient response and support is forthcoming from *all* interested parties, in order to proceed further.

J. Richardson
Newport, Salop

Competition?

I enclose a cutting from the front page of a recent *Competitors Journal* in the hope that you will make it known to the many pharmacists who stock toilet and medical products of this company.

J. K. Hardy
Preston, Weymouth

The cutting concerns a Woolworth/Macleans toothpaste "Boats of the world" competition, with prizes of boats and shopping vouchers. The toothpaste pack must be purchased from Woolworth. Whilst we recognise the problems such promotions raise for the independent pharmacist, is there any difference, in principle, between a multiple-manufacturer-sponsor-

Continued opposite

10 good reasons for displaying new look Tubifoam...

Chiropodists everywhere use Tubifoam tubes for toe treatment and protection. Now, in new blister-packs, and a range of 5 sizes, inexpensive Tubifoam tubes are going to be best sellers for many other applications which don't need professional advice. There's a big value-for-money 12" length of Tubifoam in every pack, ready for your customers to cut off the exact amount they need each time. Tubifoam holds itself in place and offers all round protection. It is ideal, not only to relieve pressure and prevent chafing, but also for covering tender or bruised fingers and toes. Display the new Tubifoam packs prominently – and watch your sales increase.

Ask your usual wholesaler – or write direct to us,

BATEMAN-JACKSON

Tubiton House, Medlock Street, Oldham, Lancs.
Tel. 061-652 2222 Grams 'Tubiton' Oldham

A member of the Seton group

Distributors of Seton Specialised Surgical Dressings and Appliances.

...and here's 10 more!

COMMENT

'Nothing new'—but interesting

Comment from the pharmaceutical industry on the NEDO report *Focus on Pharmaceuticals* (see p 434) was briefly that it "told them nothing which they did not already know".

That is hardly surprising when one reads the impressive list of pharmaceutical companies represented by employees on the working party or its various sub-groups. That is not to imply any criticism of the membership; after all those intimately connected with the everyday functioning of the industry are more likely to know the facts than those outside.

In presenting the report to the Press on Monday the chairman, Mr C. M. J. Bennett, an accountant, said that the working party had been "surprised" at the decision of the Monopolies Commission to ban the takeover of Glaxo Group Ltd by either Beecham Group Ltd or Boots Co Ltd. A preliminary report of the working party—which highlights the "increasing advantages of size in marketing, research and development and manufacturing"—was submitted to the Monopolies Commission when they were studying the case.

That the Commission chose not to apply those findings to the proposed merger brought forward the suggestion from Mr Bennett that insufficient weight had been given to the need for a strong international marketing organisation. He also was doubtful of the Commission's method of measuring research and development efficiency. Of course the working party had no dialogue with the Commission nor was it in possession of other data which led the Commission to its eventual conclusion. Their conclusion that bigness is not everything is being seen to be true more and more.

The NEDO report provides a useful reference book on the industry. Some of it has already appeared in print including part in the Monopoly Commission's report mentioned earlier. One of the items which may be of significant importance to industry is the forecast on the medicinal requirement up to 1975 and even for those interested, to 1980.

Whether the computer rather than the crystal ball was used is not stated, but bearing in mind the changes that have taken place in the last eight years, such figures as from 1975 onwards, whilst interesting, must be somewhat academic.

Hope for the future

One of the most encouraging sessions at this year's British Pharmaceutical Conference was that devoted to co-operation between general practice and hospital pharmacy (p. 436). For once the platitudes were left behind and there was constructive discussion of the means of involving each in the other's problems.

There could be no better time for this *raport* to emerge because, as several speakers pointed out, the reorganisation of the Health Services in 1974 will bring the two branches closer than ever before. It will also create many opportunities for the profession to plan a real pharmaceutical service to the community—but those opportunies will be missed if there is not a broad measure of agreement on the line of co-operation to be followed. It is therefore to be hoped that the gospel will reach those who were not at Keele, for every hospital and general practice pharmacist must become involved.

Many thanks are again due to the North Staffordshire organisers—they provided an atmosphere of genuine professional friendship, calculated to foster the co-operation ideal.

LETTERS continued

ed promotion, and one sponsored jointly between a manufacturer and the National Pharmaceutical Union?—*Editor.*

Doctors dispensing

I was shocked to read of the Petworth case. Now it is apparent that rural pharmacy can no longer be ignored by urban and town pharmacists.

We should one and all send in our ultimatum—either the doctors stop dispensing in country areas or else we stop all dispensing and see how the medical profession could cope with dispensing medicines to all patients including those in hospitals.

I want to know why the Department of Health allows four doctors to a population of less than 3,000 people. No wonder they want to supplement their medicine by stealing the chemist's rightful work. Why should pharmacists subsidise semi-retired doctors? —we have to pay grants to country chemists deprived of their livelihood.

I suggest three of those doctors be asked to resign from the NHS in the interest of the public. They ought to seek work in more populated areas.

Mary Hudson
Elston
Birmingham 6

In Petworth a partnership of doctors started dispensing at the beginning of the year leading the local pharmacist to complain to the West Sussex Executive Council. According to the August edition of *The Executive Council* an "unhappy situation" developed because of tactics adopted by the doctors concerned—*Editor.*

VAT choice

In your review of special schemes (*C&D*, September 9, p. 381) for retailers you refer under item 8 of the eight stage process that refunds may be claimed monthly. You go on to say that where tax is due to the customers it must be paid quarterly.

May I draw your attention to note eleven of form VAT I which states that wherever a registered trader elects to account on a monthly basis not only will refunds be repaid monthly but if in any month a liability arises that also will have to be paid to the Customs and Excise on a monthly basis.

Essentially one has an alternative either to elect for a quarterly or monthly basis of accounting.

A. L. Slow
director, Macarthys Ltd
Romford, Essex

The position would appear to be clearly stated in VAT bulletin No I issued by Customs and Excise: on p 3 under the heading "Accounting period".

This states that a shorter accountancy period of one month is normally available to traders who are regularly in a repayment position because their input tax exceeds their output tax. Falling within that category would appear to be all retail pharmacists whose dispensing accounts for more than about 23-25 per cent of total turnover.—*Editor.*

NEDO examines the industry

The United Kingdom Government is asked to consider instituting a continuing review of the scope for releasing well-established prescription medicines for sale over-the-counter in a major report on the US pharmaceutical industry issued this week by the National Economic Development Office.

The recommendation is one of six directed to the Government by the pharmaceuticals working party set up by the Chemicals Economic Development Committee whose completed work appears under the title *Focus on Pharmaceuticals* (HM Stationery Office, price £1·85).

The report highlights the increasing advantages of size in marketing, research and development, and manufacturing, and recommends companies to consider the implications for their corporate strategy. Where resources are inadequate for international marketing, companies could consider mergers, marketing or licensing agreements. Companies concerned about the degree of risk they face in the prescription medicine market should seek to achieve greater product diversification.

Certain sections of the report have provided advance information for other documents. For instance, the report urges the Government to endeavour to maintain the UK's attractiveness as a base for research and development and manufacturing and to continue to work for international harmonisation of regulations relating to pharmaceuticals. It points out that the prices of prescription medicines in the UK are substantially lower than those in other countries and asks the Government to recognise that this situation, while benefiting the NHS in the short term, could have adverse longer-term effects upon the flow of new products, the competitiveness of the industry in world markets and its overall contribution to the UK economy. (These suggestions were contained in the report *International Price Competition, C&D*, September 2, p 327.)

Industry's growth

With total sales of £395m in 1970, the UK pharmaceutical industry is, in world terms, the fifth largest manufacturer and the fourth largest exporter. In 1970 total expenditure on research and development of new products amounted to £22m. In comparison with the overall chemical industry, the pharmaceutical industry is less capital and more research, intensive.

There are, says the report, approximately 300 firms employing 75,000 people. Non-British owned companies supply (in terms of value) approximately two-thirds of NHS prescription medicines. No one company is in a dominant position in either the overall prescription medicine or over-the-counter market, and owing to keen competition in product innovation, companies experience sharp fluctuations in their rankings in the prescription medicine market over a period of time.

Total UK market in 1970 was £280m at manufacturers' prices with the NHS market having grown at 10·5 per cent a year at current prices in recent years, accounting for £170m; the self medication market £60m, and the animal health market about £40m. Total world market in 1970, excluding Communist countries, was £7,100m, growing at 11 per cent a year.

Over the period to 1980 the rate of growth of the UK and world markets is likely to slacken slightly. The total UK market in 1980 could amount to £600-£700m (at current prices, assuming an average rate of inflation similar to that of the 1960s), with prescription medicines accounting for about £400-£470m.

Projections of consumption, exports and imports suggest that the UK pharmaceutical industry's output may grow between 1970 and 1980 by about 55-70 per cent in real terms. The growth of both exports and imports is likely to slacken from the very high percentage increases (over 20 per cent per annum for both exports and imports) recorded in recent years.

The EDC's pharmaceuticals working party, in the course of its study, analysed, but did not support, proposals for state participation in the industry. These were advanced by its working party's trade union members, who also considered that a degree of state participation would assist in attaining greater governmental control of multi-national companies.

On research and development in the industry the report says most major research-based companies spend between 7 and 12 per cent of total sales. But the report warns that Britain's attractiveness as an R&D base may diminish in the future unless three things occur: the Government implements the Banks Committee's recommendations on strengthening patents; registration of new medicines under the Medicines Commission and the Committee on Safety of Medicines is maintained at the high standards of speed and efficiency as operated under the earlier Committee on Safety of Drugs and, more generally, escalation of costs in the UK is controlled.

The report feels it "highly desirable" for foreign-owned firms to continue their research programmes in the UK. Currently, their projects account for approximately one-third of the total annual R&D programme. Their work provides employment for skilled workers and strengthens the UK's supply position by anticipating greater investment in manufacturing. Efficiency in the innovation process was probably greater within the UK than in some European countries.

Some parts dealing with R&D, including sections on financing; accounting; project selection and control; and organisational structure have been published in the EDC's advance report *Organising R&D* (*C&D*, April 22, p 554).

Marketing

International marketing is identified as being increasingly important to pharmaceutical companies. Establishment of overseas marketing subsidiaries is the most effective method of thoroughly exploiting world markets, (as shown in an advance report *Reaching World Markets* (*C&D*, November 27, 1971, p 791).

The new major report recommends companies marketing over-the-counter medicines to realise the scope for increasing expjorts to peveloping countries.

The working party found that profitability generally throughout the industry had declined during the 1960s though probably to a lesser degree than in manufacturing as a whole. Within the prescription medicine sector, there was a significant decline in return (before tax) on capital on home sales of NHS medicines —from 25·5 per cent in 1967 to 18 per cent in 1970.

Under the chairmanship of Michael Bennett (a city accountant, now retired) the working party and its subsidiary bodies included representatives of the pharmaceutical industry, government, the trade unions, universities, NRDC and NEDO.

The full results of the study of innovative activity undertaken for the pharmaceuticals working party are likely to be published by the end of the year.

World market for human medicines: projection of demand 1970-80 (manufacturers' returns, current prices $m)

	Western Europe		Japan		United States		Rest of world		Total world	
	Upper limit	Lower limit	Upper limit	Lower limit	Upper limit	Lower limit	Upper limit	Lower limit	Upper limit	Lower limit
1970	5,198	5,186	2,382	2,370	4,510	4,386	3,915	3,809	16,005	15,751
1971	5,813	5,772	2,777	2,733	4,894	4,627	4,361	4,129	17,845	17,261
1972	6,501	6,407	3,238	3,137	5,310	4,881	4,858	4,476	19,907	18,901
1973	7,271	7,099	3,774	3,580	5,761	5,150	5,412	4,852	22,218	20,681
1974	8,132	7,843	4,399	4,064	6,251	5,433	6,019	5,260	24,811	22,600
1975	9,095	8,646	5,129	4,591	6,782	5,732	6,716	5,701	27,722	24,670
1980	15,920	13,580	11,040	7,795	10,198	7,491	11,522	8,533	48,680	37,399

Note: Covers prescription and over-the-counter medicines. Excludes Communist countries.

This Christmas is going to cost us a fortune.

Make sure you get your share.

We're spending a lot on Christmas presents this year.

More than ever before, in fact. During November and December there'll be heavy advertising for Ronson hairdryers, shavers and toothbrushes.

A new extensive national television campaign for the Escort 2000, and large colour advertisements for all the hairdryers especially the Rio, in leading women's publications.

A big national press campaign for our electric shavers using full pages and dominant spaces in the Sunday Express, Radio Times, Daily Mail, Sunday Times Magazine, Observer Magazine and the Scottish Daily Express.

And large space advertisements for the Automatic Toothbrush in the Sunday Times, Observer, Guardian and She.

It stands to reason, if we're spending so much more on Christmas presents, that somebody's going to be selling many more Ronson products.

Make sure it's you. RONSON

BRITISH PHARMACEUTICAL CONFERENCE

Co-operation between hospital and general practice pharmacy

An innovation at the Conference was a three-part professional session for pharmacists engaged in hospital and general practice. The overall topic was co-operation between the two branches; each of three specific aspects was introduced by two speakers and followed by discussion.

The provision of a 24-hour pharmaceutical service

Anyone who believes that the services of a pharmacist are necessary when drugs are handled must accept that 24-hour service, with all its problems and difficulties, is what is required in hospital pharmacy today.

Making that claim, Mr C. Hetherington, group pharmacist to the United Leeds Hospitals, pointed out that up to 30 years ago a resident pharmacist was always available for compounding at Leeds General Infirmary. Today the pharmacist was primarily required to provide a 24-hour service for information and advice on drugs, but the speaker wondered whether advances in technology had pushed too much pharmaceutical work onto nurses and doctors.

"We are now beginning to see where improvement in patient care can be made, by the pharmacist again becoming responsible for all compounding, whether it be the reconstitution of lyophilised drugs, the preparation of intrathecal injections, or the adding of drugs to intravenous fluids."

Replacement of the family doctor by emergency call services had meant more patients being received by hospitals during the night and, in Mr Hetherington's view, this necessitated a review of the procedures for providing medicines. Should not the same service be available to the patient arriving at 10 pm as to the one arriving at 10 am, he asked?

The speaker hoped that with the reorganisation of the Health Service in 1974, when some of the boundaries between hospital and retail pharmacy might be removed, there could be a 24-hour service based on the district general hospital which could be made available to the public.

The duty of the general practice pharmacist to meet the demand for dispensing services at any hour was stressed by Mr D. C. Mair—and he outlined a scheme now under consideration in Glasgow to cope with the problems.

The speaker said that not to accept this responsibility was to qualify the claim to the right to dispense by saying "but only during hours which suit us commercially". Various 24-hour on-call schemes were in use, some involving the police, but Mr Mair reported that a survey had shown only a quarter of those questioned would think of contacting the police to obtain an urgent medicine—others would ask the doctor, contact a hospital, or just did not know where to go.

Under the Glasgow scheme, pharmacies participating voluntarily could be pinpointed by numbers on a simplified diagrammatic map of the city. A key to the numbers could give the names and addresses of the premises along with the telephone numbers indicating where the pharmacists may be normally contacted outside business hours. Copies of the map along with the key would be distributed to divisional police headquarters; casualty departments of the larger hospitals; and to the BMA deputising service centre.

"Only the key would need to be distributed to general practitioners throughout the city. This system of associating a list with a map locating the pharmacies taking part in the scheme has the obvious advantage that a person calling out the pharmacist can see at a glance which pharmacy is nearest the patient." This scheme would apply only to prescriptions marked urgent by the doctor.

Mr Mair concluded: "An indication that we are seen to be giving a service of this sort could do much to enhance the image of pharmacy in the eyes of the public. But to shrug the shoulders and leave it to the doctor is, to my mind, to prejudice any case we might make as to the value of the pharmacist to the community".

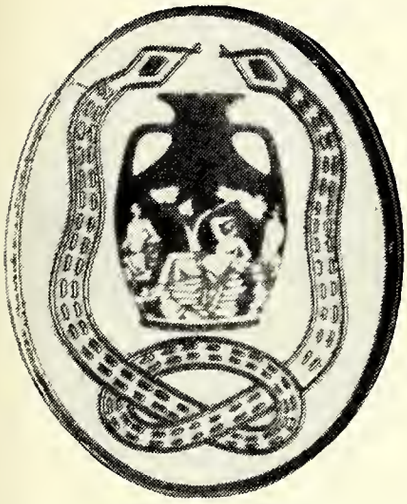
A 24-hour service is a "must"—and should be paid for by the Treasury, Mr A. Howells, Bexleyheath contended during the discussion. Regretting Mr Mair's reference to the views of the NHS working party report—"the non-event of the year"—on the subject, he said that to say the doctor should give drugs to tide the patient over was to dodge responsibility. The service should not be limited to prescriptions marked "urgent"—to the patient every prescription was urgent.

Mr Howells said the rub was the Department of Health's failure to recognise financially the service already provided by pharmacists in rural and small urban areas. In city areas the Treasury should pay for a consortium out-of-hours service—or there should be a salaried night duty service.

Mr Mair thought there was a strong case for taking emergency services out of the global remuneration figure, treating them like the oxygen service.

Dr G. S. Cox, Aberdeen, wanted the emergency service extended to simple remedies and pharmaceutical advice—the

The six speakers at the hospital general practice session are (left to right): Mr G. Calder, Mr R. G. Worby, Miss A. D. Pritchard, Mr E. J. W. Cuer, Mr C. Hetherington, Mr D. C. Mair



PROFESSIONAL SESSION

public should not have to go to a pub for aspirins out of a machine. New Zealand had "urgent" pharmacies in cities over 40,000 population, but the patient was charged about 5p for each prescription. For towns of 20-40,000 population, an evening service was provided up to 11 pm.

Mr S. Durham, Sheffield, said a stumbling block to pharmacists being willing to provide a service was the capitation fee paid to doctors for emergency supplies. Review of a local scheme had revealed that the police were telling patients the pharmacist's home telephone number and giving him no protection. Mr Durham felt there should be one fee for being on call, and another for answering a call.

Mrs E. Lucas-Smith, Slough, argued that emergency prescriptions should be marked "urgent" and that the police should be involved in calling out the pharmacist, particularly in those towns which had a drug problem.

Out-patient dispensing

A sudden decision by hospital authorities and the chief pharmacist to undertake their own out-patient dispensing can be disastrous for general practice pharmacists in close proximity to the hospital, said Mr R. G. Worby.

Pharmacies might be heavily stocked with out-of-the-way medicines, not normally prescribed by family doctors, and staffed to cope with a high work-load from the hospital clinics. "The ground is cut from beneath their feet."

In situations of this kind, liaison between hospital and general practice pharmacists was vital—the more so because changes in the hospital's staff situation may cause a reversal of the out-patient dispensing policy.

Mr Worby went on to question whether out-patient dispensing is in the interests of either the individual patient or the public at large. He maintained that in some areas the existence of a relatively steady level of out-patient prescribing could have a significant effect upon the continuing viability of local community pharmacies—and of the extra-contractual services they contribute to the health and well-being of the populace.

In conclusion, Mr Worby called on hospital and general practice pharmacists to approach their relationship not as one between alien disciplines, but as between colleagues working in the same field with a common aim.

Closer liaison between retail and hospital pharmacists could solve many of the difficulties of out-patient dispensing, particularly if, in the interests of the patient, a system of registration with a pharmacist were introduced, claimed Miss A. D. Pritchard, acting group pharmacist, West Cheshire HMC.

"A range of items could be purchased on an area basis for supply to both hospital and retail pharmacies and maximum use could be made of hospital manufacturing facilities for products such as eye drops and special creams.

"If out-patients were routinely referred to their local doctor for the recommended treatment to be prescribed and it was then supplied and recorded by their local pharmacist, a far safer system would exist."

Concern for in-patients

Miss Pritchard stressed that the hospital pharmacist's primary concern was for in-patients, whose condition was more critical. Problems arose from the issue of starter medication by consultants without correlation with drugs already being taken; patients could become tetchy about the extra delays at hospital caused by waiting for prescriptions, and continuation therapy prescribed by the patients' doctor might differ in appearance from that given in hospital.

"It would undoubtedly be in the best interests of patient safety if general practice doctors and local pharmacists were more closely involved in out-patient treatment," Miss Pritchard concluded.

Mr J. W. Hadgraft, East Anglia, proposed the involvement of general practice pharmacists in the drug and therapeutics committees that decided which drugs should be available in hospitals. He hoped this would be possible under the NHS areas. Dr W. R. L. Brown, London, wanted an end to the "they and we" attitude of the two branches of the profession—there would be no co-ordinated service without unless pharmacists co-operated at the personal level.

Mr J. C. N. Wilford, Hastings, pointed out the difficulties of area co-operation when prescriptions were received routinely from hospitals many miles away.

General practice pharmacists might be used to staff hospital out-patient departments on a rota basis, suggested Mr D. J. Dalglish, Aberfeldy. As a rural area pharmacist, regularly seeing the same patients, he kept medication record cards which recorded, for example, penicillin sensitivity, and saved time contacting doctors for tablet strengths, etc. "This gets a tremendous response from the patients and increases their respect for my professional ability."

The very small hospital

Community—formerly "cottage"—hospitals can be serviced by general practice pharmacists with an improvement in the service at the most economical cost to the taxpayer, said Mr E. J. W. Cuer, chairman of a West Sussex retail group.

The use of form EC10(HP) would be more economical in manpower than servicing from a larger hospital, and the local pharmacist could visit the hospital to maintain and supervise ward stocks. Where there were two or more pharmacists, the hospital dispensary could be serviced on a sessional basis, providing an ideal opportunity for a married woman pharmacist as sessional hours could be arranged between the hospital and the pharmacy.

Mr Cuer believed that the arrangement would provide an ideal opportunity for the pharmacist to meet medical practitioners and consultants informally. But, he warned, "the pharmacist must enter into an arrangement enthusiastically and not treat it as a chore that has got to be done".

Five areas for general practice-hospital co-operation to begin were outlined by Mr G. Calder, regional pharmacist, Birmingham, as follows.

- ☐ The general practice pharmacist working sessions as a ward (clinical) pharmacist in the new community hospitals and in their out-patient departments;
- ☐ the hospital pharmacist working sessions in some general practice pharmacies in similar area;
- ☐ the hospital service providing an out-of-hours pharmaceutical service either for an area health authority or (in a multi-district authority) for a district or community, with hospital and general practice pharmacists providing the service from the hospital pharmacy;
- ☐ a comprehensive joint pre-registration training organised by the regional authority, retaining the personal tutoring aspects which are so important, refresher courses being also provided on a joint basis;
- ☐ the hospital pharmaceutical service organising a comprehensive laboratory, quality control, information and consultative service for the general practice pharmacist, and in certain instances, also providing a specials manufacturing service.

Mr G. S. Knowles, Hoylake, wanted to get weekend help into perspective—to get away from "giving service". Professionalism was a way of life, not an excuse for providing Sir Keith Joseph with more labour at no more cost. Mr Knowles suggested general practitioner involvement in hospitals was impracticable because he would be conducting a business. Mr M. James, Benfleet, stressed the importance of the area pharmaceutical posts not being restricted to hospital pharmacists.

Mr A. G. Garrett, Enfield, referred to the inclusion in local medical postgraduate schemes of talks by a general practice and a hospital pharmacist—the doctors had been "fascinated by what we have had to say", and co-operation between them and the two branches of pharmacy had been helped.

Polaroid (UK) Ltd, Rosanne House, Welwyn Garden City, Herts.
"Polaroid" and "Swinger" are trade marks of Polaroid Corporation, Cambridge, Mass., U.S.A.

A couple of Christ

So far, 1972 has been the most successful year yet for the sales of Polaroid cameras.

Well done!

But we've still got a lot of business to do by Christmas.

Starting November 27th we are on TV for three weeks with 140 spots. Nationally.

And in the consumer press with large space advertisements. All in colour.

Here's what we're advertising–the and excitement of instant pictures whic make ideal gifts for the family. And, this year, we have two super new camera set you to present to your customers.

The first set includes the very successful Super Swinger camera with o box of Type 87 black & white film, a blac and white 8″x 8″ enlargement offer wort 62p and five Atlas AG 3 bulbs. The price

Drugs in the treatment of depressions

"Depression is a condition as old as man but its treatment with drugs has only become possible during the last few decades," said Dr G. Beaumont who was the first speaker in the discussion forum on the subject. Although depression is regarded by many as a single disease entity it presents us with a wide range of symptoms. There are many theories but little hard fact on the pathogenisis of the disease and biochemical tests have been of little use in refining diagnosis.

Against this background the history of the rational treatment of depression starts just before the last war with the introduction of electroshock therapy. Amphetamines had a limited role but their use has now been abandoned. The major advances in therapy—the monoamine oxidase inhibitors (MAOIs) and tricyclic compounds arose from chance clinical observation. Chance however favours the prepared mind and Dr Beaumont showed how these discoveries have been followed up, reviewing the use of established drugs and some of the side effects produced. It can be argued that some of the side effects of treatment are part of the disease and are not attributable to the drugs, he maintained.

Dr R. F. Maisey spoke of the types of compound used in the treatment of depression and the search for novel compounds—a search made difficult by the absence of a laboratory model of the disease. Following the discovery of the antidepressant actions of the antitubercular drug isoniazid a whole range of MAOIs was introduced and revolutionised the management of depression. The appearance of untoward effects of MAOIs particularly when given in combination with medicines or foods containing certain amines has limited the use of this group of medicines now that alternatives are available.

Structure variations

Since Kuhn demonstrated the usefulness of imipramine, many variations on the tricyclic structure have been made and tested. However attempts to define structure-activity relationships for this type of drug have only been partially successful. In general, only drugs showing a fairly close relationship to imipramine and amitriptyline have proved to be clinically useful. Dr Maisey closed by referring to new compounds which may well be an exception to this generalisation.

Professor P. S. J. Spencer spoke of the preclinical evaluation of antidepressants and underlined the need for laboratory models. Even if it is not possible to perfectly reproduce the disease in laboratory animals at least there are tests which provide parameters correlating with clinical activity. These specific tests may be based on the prevention or reversal of the effects of depressant drugs such as reserpine and using this test some differentiation of the type of antidepressant can be made.

Most antidepressants interact with catecholamines and tests based on the modification of tissue responses to catecholamines afford a useful way of defining the mode of action and potency of novel compounds. Other tests such as the potentiation of the action of picrotoxin were useful even though their mechanism was poorly understood.

Professor Spencer emphasised the need for the fullest possible investigation of the pharmacological spectrum of a new agent as a preliminary to early clinical trial where the usefulness of the compound could be defined and where perhaps serendipity will lend a helping hand.

The lively discussion which followed ranged from a consideration of the relative importance of plasma or tissue levels as determinants of clinical response to the design of clinical trials and the role of the pharmacist in the clinical trial of new antidepressants. A strong plea was made for the re-evaluation of the place of MAOIs.

Training for the analysts

Organised by the Joint Pharmaceutical Analysis Group, a discussion forum was held on "The training of the analyst. What do we need and what are we getting?"

Amongst the points raised were:—

☐ That more "practical" training should be undertaken in school curricula.

☐ It is necessary to interest senior people in personal research.

☐ Candidates should have a greater awareness of analytical theory and of the importance of statistical evaluation of their results.

☐ A 4-year sandwich course with emphasis on pharmaceutical analysis would be beneficial to the industry and the individual.

☐ Qualified people should be encouraged to move between different sections of the overall analytical control operation.

☐ Students on average spend 15% of their undergraduate course in classes involving practical work. University authorities, however, are tending to apply heavy pressure to chemistry and pharmacy in order to cut down time devoted to actual training as far as possible and it is necessary to utilise practical time to best advantage.

☐ It was considered by speakers from the universities that training in pharmaceutical analysis techniques engenders confidence and captures the imagination more than any other undergraduate practical work. A course in pharmaceutical analysis does not produce a competent analyst but provides the first step in achieving that goal.

☐ The aim of postgraduate training is to aquaint a graduate with conditions in industry, and ability to think constructively and direct junior staff. This should include instruction on legal requirements, laboratory safety and personal relationships.

The speakers were Dr C. Daglish, Mr D. O. Singleton, Mr G. F. Phillips, Dr C. G. Butler and Dr W. D. Williams.

DISCUSSION FORUMS

Golf winners

At the golf tournament over Trentham on Wednesday Mr L. Calvert, Leeds, won the Edmund White Trophy with the best nett score of 74 (gross score 92). Mr J. W. Goodchild, Falkirk, also received a prize for his gross score of 94.

Mr J. Graham tees off at the tenth while Mr D. Ross shields from the weather

Conference quotes

☐ "How do we compete with all this at London prices?"—A London member viewing the Ball buffet supper menu (turkey, ham, lamb and beef—in ample quantities) and the cabaret.

☐ "Is it true Allen Aldington's going to begin negotiating for the Empire Pool Wembley on Monday?"

☐ It has been a Conference "with so many nice touches".

☐ "The Potteries are so rural."

☐ "I tried to think of a story about hosts and guests—but could only remember one about hosts and parasites!"—Professor Alan Gemmell replying to a banquet toast.

A new jar, a new size - and a new TV campaign to rub it in.

Vick Vapour-Rub is returning to the screen in a full-scale national TV advertising campaign beginning October 16th.

The advertising has been tested and researched in many TV areas throughout Britain. So we already know it's a big success.

Our new national campaign will bring it into 15,000,000 homes an average of eight times each during a concentrated four month period.

Which means that more mothers than ever will be looking for Vapour-Rub in its new lightweight jar; 1½ ounces selling at 28p.

And because this new size means greater value for mothers, (plus greater profit for you), it's the only size we're making this year.

So order your stocks of Vick Vapour-Rub, in its new, more profitable jar.

And be ready to rub in the profits when mothers rub in the relief.

Pharmacists' chances in the industry

"Some medicines continue to be used in general practice as blunt, coarse instruments without recording or estimation of the effects they are producing", Dr W. G. Thomas, director of development laboratories, Merck Sharp & Dohme, said at the industrial practice session.

He said that statistics and figures about a medicine's actions were not taken back from the individual patient. The field of improved therapeutic effectiveness was important and there were chances for the pharmacist to contribute significant novel principles and techniques in the area.

The session, the first of its kind at a BP Conference, was on "career opportunities for pharmacists engaged in the pharmaceutical industry". Dr Thomas was speaking about the research and product development possibilities.

No item was entirely safe, he continued, there were only safe ways that something could be used, and the best that the designer and developer of a medicine could achieve was to reduce the opportunities for, and consequences of, hazards during use.

It was part of the development pharmacist's task to incorporate sensible control challenges into manufacturing.

Fewer development pharmacists?

Survival in the industry depended upon the ability to innovate. Many of the successful innovative companies allocated large sums annually for research and development, but these funds came from the sales of existing products whose prices were now effectively held down. It seemed unlikely that many companies could afford to substantially increase their investment in research in the near future. Indeed, some contraction might occur, and the vacancies for pharmacists arising through normal wastage were more likely to be filled with emphasis upon biological aspects of formulation or analytical development. The trend was likely to be towards fewer people, of higher calibre, with no increase in the numbers of supporting technicians.

For pharmacy graduates, the Pharmaceutical Society's new regulations on pre-registration experience put them at a disadvantage, against other graduates.

The individual pharmacist tended to be concerned with detail, and insisted upon standards of perfection which were hardly understood by non-pharmacists. So he produced his best work when he had the situation firmly under control, and it was not surprising therefore, said Dr Thomas, that many pharmacists found greatest satisfaction in general practice or hospital pharmacy. The situation in the industry could be quite different, and individual adaptation and increased tolerance might be necessary in becoming an effective part of the research and development team.

The pharmacist had to be sensitive and responsive to the unexpected effect or incident, so that he might be able to help towards the reduction of adverse occurrences. Vigilance required a low threshold of suspicion, and the energy to explore in depth to discover and rectify the source of a potential mishap.

He needed some persuasive skills, for example, to assure his colleagues that to include a sensibly comprehensive system of controls in the design of a new product or process did not imply lack of trust, but rather reinforced its importance, since the controller must demonstrate his trust by accepting a share of the responsibility.

Mrs P. Turnbull, manager of the professional services department, Riker Laboratories, described the setting up and maintenance of a product registration department.

The procedure had several main parts which often took years to complete. Near the end of a programme all the details about a product had to be assembled for formal presentation, according to the requirements of each country where applications were to be made.

After submission, questions and comments from the committees that were considering the application, nearly always had to be dealt with. There was a gradual but steady increase in the quantity of data required and its complexity.

A registration department needed a manager capable of being an administrator but also able to deal with the technical content of the work. It involved bringing together into a coherent body of information all the chemistry, pharmacology, toxicology, metabolism, pharmaceutics and therapeutics of a new preparation.

"I would suggest," said Mrs Turnbull, "that those responsible give the most serious consideration to appointing a pharmacist to this management position".

It was an area where the pharmacist could make full use of his training in carrying out satisfying work.

Mr D. Godfrey, a director of the Wellcome Foundation Ltd, spoke on the marketing of pharmaceutical products.

He said that as a career opportunity for pharmacists in industry, marketing offered outstanding advantages in that its scope embraced all aspects of a company's activities.

To the younger pharmacist who entered the sphere one of the attractions, and at the same time one of the challenges of the work, was the knowledge that his ideas would be listened to by his superiors.

In the discussion which followed later, Mr A. G. Shaw, secretary of the Association of the British Pharmaceutical Industry, said the number attending the industrial session augured well for the future. Both he and Mr A. G. M. Madge, a council member of the Institute of Pharmacy Management, said they would like to see more business administration introduced into the pharmacy curriculum.

Mr C. T. Smith, Stone, Staffs, proposed the idea of some kind of association for medical representatives with a minimum qualification of a pharmacy degree or equivalent.

The Pharmaceutical Society's new registration by-laws although fully justified would reduce the number of pharmacy graduates entering the industry, Mr J. Jeffries of Sandwich said.

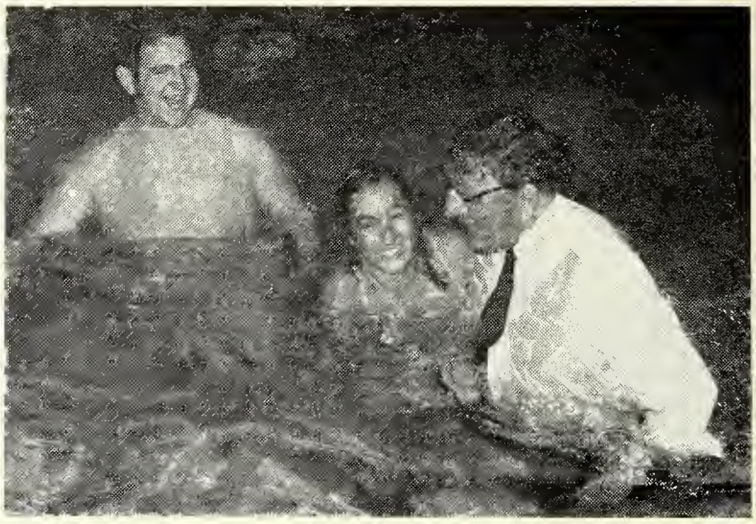
Dr H. E. C. Worthington, Leeds, and Mr J. L. Livingstone, Newcastle-upon-Tyne, asked what action the new industrial group could take to alleviate the position of a new graduate who was having difficulty in achieving his MPS.

The chairman of the meeting, Mr C. C. Stevens, expressed the view that the industry could train a pharmacist as well as any other branch of the profession. Mrs Turnbull added that her company had lost a number of applicants because of the new situation.

Mr Godfrey stressed that there were just not enough good pharmacists in the industry for all the different aspects for which they were required.

The speakers (left to right): Mr D. Godfrey, Mrs P. C. Turnbull and Dr W. G. Thomas.

PROFESSIONAL SESSION



1. Rain greets the arrival of Mrs W. Newberry and Mr J. W. Hadcraft for a tour of Wedgwood potteries

2. Mr R. E. Frizzell takes the plunge fully clothed. Was he pushed?

3. Mrs C. M. Bond delivers her paper

4. A group of members enjoy the banquet

5. Dr G. A. Brewer (USA) puts a question to the speaker

6. Mrs C. Hughes is closely watched as she enamels at the Wedgwood factory

7. Attentive audience at the N Staffs Medical Institute for the history session

Cannabis: evidence fails to get across

There is plenty of evidence about the adverse effects of cannabis but the biggest difficulty is that the information just does not get through to the people who need it, Professor W. D. M. Paton, professor of pharmacology at Oxford University, said at the "cannabis" symposium session on Friday.

Asked to suggest facts which a parent might use when giving advice on the subject to a teenager, Professor Paton stated that whatever was said was going to be labelled with the stigma of adult disapproval. The biggest problem was getting over this.

He said that the drug was cumulative in the body; it potentiated other drugs; it was teratogenic in animals; irritant and was carcinogenic in animals in the same way as cigarette tar.

It produced a characteristic amotivational reaction and an abnormal mental state which some psychiatrists were hesitating to call a psychosis and yet others compared to schizophrenia.

In the person who smoked cannabis more than a little, one of the first properties noticed was its irritancy, resulting in a cough. Laryngitis, bronchitis or asthma-like episodes could ensue.

There was as yet no evidence on the drug causing lung cancer in man, because heavy cannabis smoking had never taken place in a sustained way, in a society which had an expectation of life which allowed cancer of the lung to be a problem. But he supposed that that situation could now have arrived.

Fat solubility

The main active principle, tetrahydrocannabinol (THC), was extremely fat soluble and had been found in all the body tissues so far looked at. It was found to go through to the foetus.

THC and other constituents became attached to protein and lipo-proteins in the blood, transferred to membranes which were lipophilic and then "homed in on" lipoid material in the body.

This affinity for fat was important, stressed Professor Paton, as the drug had a tendency to persist; not being washed through the body, its toxicity was cumulative. Once a drug of this sort was found it was necessary to examine the effects it had following chronic use. Its persistence would have implications for all its adverse effects. There was a contrasting state with alcohol which was eliminated by the body rather efficiently.

The most toxic principle was THC and after that propyl - tetrahydrocannabinol, which was derived from it. Another constituent, cannabidiol, seemed to potentiate the toxicity of the material, and it strongly inhibited the microsomal enzymes in the liver.

The key to the psychic reactions, said Professor Paton, might be the lifting of "selective gates" in the mind. Information normally ignored came flooding in—concentration and memory failed, the sense of time was altered. There were also the feelings of insight and convictions of truth experienced by many users.

Cannabis was hypothermic, antipyretic and had a little analgesic action. These aspirin-like properties could account for its use by some people. In animals it had been found to potentiate and prolong the action of barbiturates. The practical implications of this in man were still to be studied.

There was certainly dependence liability to the drug, exhibited as marked craving, some tolerance, as well as withdrawal symptoms—such as depression, irritability and yawning. Those symptoms were non-dramatic because of the slowness of disposal of the drug.

There was a need for more careful study to determine the real significance of craving and withdrawal, Professor Paton concluded.

'Change legal definition'

Looking at the pharmacognostical aspects of cannabis, Professor J. W. Fairbairn, School of Pharmacy, University of London, was critical of the present legal definition of the drug in the Dangerous Drugs Act.

It had always been assumed, said Professor Fairbairn, that the cannabinoids occurred in the resinous secretion of the stalked glands of the plant. But he had also found a new type of sessile gland occurring on the vegetative leaves only.

Although large quantities of the active principles were found in the flowering tops of female plants significant quantities were present elsewhere therefore the legal description should be widened.

Although some varieties of the plant were rich in resin and others fibre-producing, so many transitional forms occurred that taxonomists now considered there were no genetically reliable botanical varieties.

About 30 cannabinoids had been isolated but workers had shown that about 70 per cent of the psychotomimetic effect of cannabis in man was due to Δ^1 *trans* tetrahydrocannabinol (THC). The remaining activity might be due to Δ^6 THC and the lower homologues of THC, eg cannabivarin. Unfortunately the present situation was confused by the use of four different systems of ring numbering for the constituents.

Cannabis's reputation for instability was not surprising when the phenolic nature of the active principles was considered. Spontaneous oxidation of THC could occur giving rise to inactive forms. The process of smoking produced further variables, as decarboxylatian occurred. Considerable losses due to pyrolysis could be detected, with reported figures varying from about 20 per cent to 98 per cent loss of cannabinoids.

A final variable arose as only with deep inhalation was there significant absorption of the cannabinoids by the lung tissue. Inexperienced smokers could therefore absorb considerably less active principle than experienced ones.

SYMPOSIUM SESSION

Crime rate is increasing

Dr F. Fish, reader in pharmacognosy and forensic science, University of Strathclyde, said he was not prepared to comment on the speculative figures for people (15 million in the United States and two million in the United Kingdom) who were reported to have smoked marihuana at least once. But he said that the overall increase in the incidence of crimes relating to controlled drugs (especially cannabis) emerged clearly.

There seemed to be a constant supply of cannabis to meet demand and there had been no halt in the quantities which flooded the market.

Another change in recent years had been the preference shown for the stronger cannabis resin (hashish), as distinct from the dried tops of the cannabis plant, which provided marihuana. Figures for 1969 and 1970 showed that approximately 90 per cent of those convicted were guilty of offences concerning resin.

In 1970, 9,198 persons had been convicted under the various Drug Acts, and of those 6,394 had been convicted for offences concerning cannabis and cannabis resin. Of the latter 45 per cent were under 21 years of age, some were under 14, and the average age of those convicted was 22 years 6 months.

Referring to the identification of the drug Dr Fish said there was usually sufficient material available for this to be done microscopically. It was possible with a microscope to distinguish factitious samples which had been offered for sale, and also diluents.

Chemical means had always to be used to verify identification and Dr Fish devoted much of his paper to describing chromatographic methods now being utilised.

Continued on p 447

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Cannabis

Continued from p 445

Dr Fish had developed a method for detecting the presence of cannabis smoke taken from a room several hours after smoking incidents. Other workers had reported the recovery of cannabinoids from the hands of people who had smoked or held the drug.

A mouthwash procedure had also been described and although a simple "breath test" had been developed in South Africa, it appeared that further refinements to the technique would be necessary before it became acceptable for forensic purposes. The course was set, said Dr Fish, for the unambiguous proof of cannabis taking.

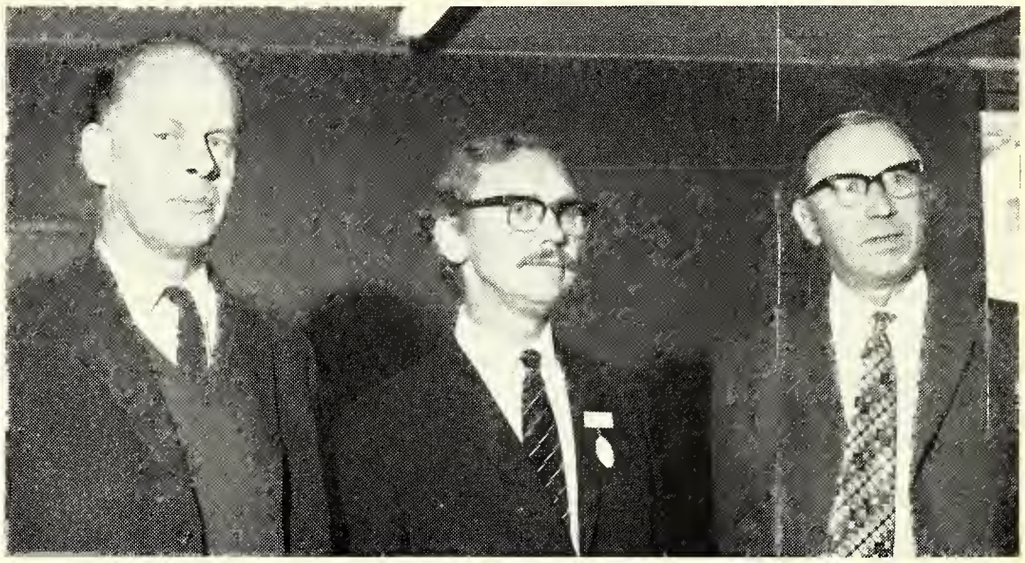
"Decisions based on results obtained by gas chromatography are happily and rightly accepted by the courts in the case of blood or urine alcohol determinations and we must move to make our detection of the drugged driver as certain as that of the drunk driver". While there were certain individuals with whom he would not drive if they were sober, there was none that he would trust if they were either drunk or drugged.

Frightened by effects

In the discussion Mr K. Callow, Bournemouth, claimed that young people were frightened out of the use of heroin and cocaine by the effect on their friends. Professor Paton replied that the same might come to apply to cannabis, because the friends could be seen to "loose drive". The literature on the effects of cannabis was dispersed, but books were now coming to hand and Professor Paton particularly recommended the final report of the Canadian Le Dain Commission on the medical use of drugs, which had moved against cannabis since the publication of its interim report.

Dr Fish said the effect on friends was only a small factor. Heroin and cocaine users had turned to barbiturates when those drugs became difficult to obtain because of legislation. Dr Fish thought some clinics needed to look again at their drug control—the edge was beginning to wear off their effectiveness and to maintain the plateau or reduce drug taking, those in control had to be as keen as they were in 1968.

Professor Fairbairn said that if the "lobby" had its way over legalising cannabis, "excellent reefers" could be produced, but it might lead to a problem akin to alcohol. He pointed out that most people took alcohol with food and stopped when they experienced psychological effects, whereas most people would want cannabis for its psychological effects and would take dangerously high doses if there were a "standardised" cigarette. Dr Fish added that it was possible to judge the amount of alcohol to take, but the point of taking cannabis was to achieve a certain "high" at which the ability to judge was lost.



The three speakers at the symposium session on Cannabis were (left to right): Professor W. D. M. Paton, Dr F. Fish and Professor J. W. Fairbairn

Mr J. C. Hanbury, Ware, said that psychiatric unit staff never treated heroin or cocaine addicts who did not start on cannabis and this was a good enough reason for cracking down on it. The medical profession should "come down off the fence".

Dr Ruth Robson, North Staffordshire, speaking both as a pharmacist and a doctor specialising in paediatrics, said that when a child on drugs was asked, "Why?" the commonest answer was "for escape". Professor Paton thought this fundamental question the hardest to answer. For some people what they experienced on drugs was the most interesting thing that ever happened to them, and it would take a great deal of work to find a substitute. In the past "uncles and aunts" took children out, but the price of independence and wealth was that nobody looked after children in this way.

Dr Fish said it had been questioned whether one should talk of "addictive personalities" rather than "addictive drugs".

Closing the session, the president, Mr Kerr, said that pharmacists would instinctively say of cannabis "control it". But it was right the profession should back that instinct with informed knowledge.

Mr Kerr was frightened at the prospect that among the legislators in 10 or 20 years time would be people who had survived "unmarked" a brief experience with cannabis. There was a danger that "in their innocence" they may persuade themselves that it would be right to legislate for the liberation of cannabis. It was thus important that there should exist in society an informed body of opinion.

Pharmacists and the pottery industry

Pharmacists have played an important part in the development of the pottery industry in several countries, said Dr T. D. Whittet, president of the British Society for the History of Pharmacy, at the historical session.

The pioneer of porcelains in Europe was Johann Frederick Böttger whose work led to the foundation of the famous Dresden pottery. William Cookworthy, who served an unofficial apprenticeship with Timothy Bevan, the London apothecary, one of the founders of the pharmacy from which Allen and Hanburys Ltd developed, discovered china clay in Cornwall and founded a pottery in Plymouth. He also became an apothecary and wholesale druggist.

The French pharmacist Marc-Hilaire Vilaris discovered kaolin at St Yrieix and made possible the French porcelain industry. In Denmark the pharmacists, F. H. Müller and J. G. L. Manthrey, established the famous Royal Danish Porcelain factory in Copenhagen.

The first paper was given by Mr. A. R. Mountford, director of the Stoke-on-Trent museum and art gallery who is an expert on local pottery and the author of a recently published book "The illustrated guide to Staffordshire saltglazed stoneware". He spoke on Staffordshire "Pots and Potters", giving an account of the development of the various types of pottery in Staffordshire and illustrated it with many slides. Although no pharmacy jars were among the objects described, there were, however, a few related items such as feeding cups.

Dr E. Posner gave a paper on "Josiah Wedgwood's doctors". This contained much fascinating biographical information about the founder of the famous firm including his medical history. Among his doctors were the surgeon-apothecary James Bent, who performed the amputation of his leg, and the London physician Sir John Elliott.

Dr A. L. Fee welcomed those attending, who numbered about 60, and gave a brief account of the history of the North Staffordshire Medical Institute.

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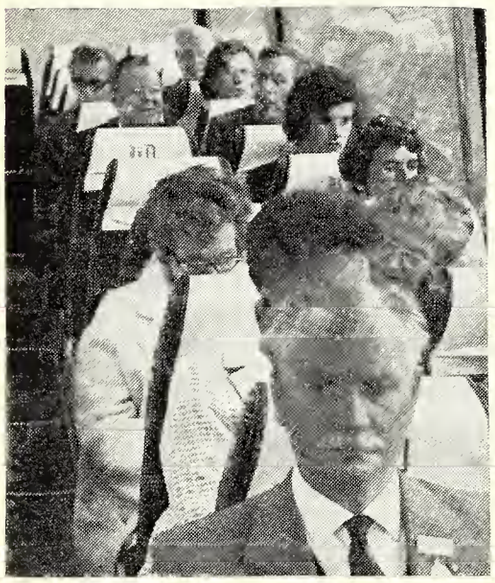
5 

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1. Mr Darling (left) toasts Miss D. Hepburn on her birthday and Mr L. Calvert who won the Conference golf tournament

2. A group of members relax with a game for high stakes

3. The Bedford Singers entertain

4. Mr E. Harvey and Mrs V. Meson study the early copies of C&D delivered to the Conference

5. Some members in the coach on a visit to the ICI works at Macclesfield

6. Touring Chester's city walls

7. The "White Rose set"

Pollution control—more positive attitude needed

A more positive attitude to pollution controls was demanded by Dr David Train in his Conference Lecture, "Pollution in Perspective".

Because there was no direct return of cash for the effort made, any pollution control measures were, at best, considered a nuisance and, at worst, a direct encroachment on profitable and economic trading. That point was made plain when the manufactured article was in competition with the same type of commodity manufactured in locations where a similar standard of pollution control was not imposed.

Now that having regard for environmental quality control had become a necessary part of the code of conduct between industry and its surrounding community, it was essential that all concerned, director, designer, draughtsman, and operating line management, should adopt positive attitudes to the standards required of them. Far too many in the group still had a negative attitude to pollution control measures erroneously assuming that the costs were a complete loss and not recoverable.

Waste disposal

The intentional disposal of unwanted products of man's activities was a necessary, but uninteresting, part of any enterprise and did not contribute to its commercial viability. Waste disposal demanded an increase in capital investment and in running costs, and was a burden on the profit and loss account. That lack of incentive to be involved had lead to a series of crises in man's history. Consequently, he did not pay sufficient attention to the insidious build up of dangerous concentrations of waste products as a result of his activities.

It has always been an incentive to dominate any market by supplying goods more competitively than one's rivals. The trend is always with us to conceive and run bigger and better production units . . . but it also concentrated the mass of waste material which is generated by that enterprise.

Dr Train then reviewed in outline the history of the environmental quality of London.

By the 19th century, piped water supplies to service the million inhabitants making up the growing metropolis became of increasing importance. For those lucky enough to achieve it, the use of the water closet became an added attraction. The only problem was that the old ditches and minor river systems like the Fleet and Walbrook were assumed by default to be adequate to accommodate the modified form of waste, which all poured, within a short space of approximately two miles about Blackfriars Steps, into the Thames.

The Thames, being tidal, had a hydraulic regime in which the tidal excursion was about nine miles. Thus, waste material thrown into the Thames at, say, Westminster Bridge at low tide today travels up to beyond Putney and returns on the next ebb tide to just below Westminster Bridge.

In times of drought it needed over 40 tides or 3 weeks before such a particular unit of rubbish ceased to pass with each ebb and flow of the tide through Westminster Bridge.

It was doubtful if this was even realised as a flow regime in the early 1800s, and in the course of three decades a profound and catastrophic deterioration was manifest in the Thames.

Constituted in 1948, the Thames Survey Committee took over 15 years, and over 100 major research papers, to unravel the main parameters which needed to be known before one could intelligently use that great tideway to disperse the liquid waste generated by people and industry located in the London Basin. The capital

Dr David Train

bill since 1948 is over £35 million and this is only just producing a river where there is a little oxygen everywhere at all times of the year.

A further expenditure of £34 million is planned over the next few years and a concentration of at least ten per cent oxygen at all times in all reaches is the present aim of the Port of London Authority, which is the statutory body for the regulation of the tideway.

Dr Train considered that future citizens would be asking for higher amenity standards. However, any further improvement will only be achieved by a much greater technological effort and increased cost, and the community needed to recognise that this will have to be paid for collectively through increased rates, increased cost of electricity, paper, petroleum products, sugar and numerous other commodities. "This cannot be achieved by an increased standard of living but by a reallocation of the standards we already enjoy."

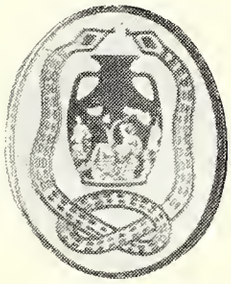
It would be advantageous to have some

CONFERENCE LECTURE

index, analogous to the Rideal Walker coefficient for disinfectants, that would give a measure of the biodegradability of material under some arbitrary, but practically based, standards of test. Those responsible for decisions in formulating disinfectants and antiseptic materials in this modern world have a responsibility to provide the community with products which can be reincorporated into our ecosystem without damaging that system. This philosophy should also be extended to those who determine the policy whether this or that product shall be used in a particular institution or system. This would imply, for example, that it may be more advantageous for the community in the long term, for hospitals to use more costly but more positively biodegradable types of disinfectants, than those selected by a policy based on a philosophy of least cost. Obviously, the selection of the appropriate materials requires that adequate and appropriate technical knowledge be available and that the proper technological assessment be made by competent staff, of whom the pharmacist and the bacteriologist are probably the most fitted.

Institute membership still growing

The Institute of Pharmacy Management held a sherry party during Conference week. The guests and members were received by Mr Mervyn Madge, vice chairman, who reported that the membership was still growing despite loss due to deaths and retirements and would again be in excess of 1,000. There was an increaseing number of pharmacists joining as Associates of the Institute who, since having no management qualification could not join as members, but still wanted to be associated with the work of the Institute. Three quarters of all new members were pharmacists or graduates doing the year of practical experience, who had only recently entered the profession. He referred to the new Group Membership scheme, whereby pharmacists belonging to one organisation, (eg, a group of retail pharmacies, a hospital group, or a pharmaceutical house) could join as individuals—but the group would pay in addition to the annual subscriptions, only one entry fee in respect of 20 or fewer members, instead of the individual entry fee otherwise payable by each member.



BANQUET

'Middle-men' praised

The pharmacist's "middle-man" role between doctor and patient was praised by Lord Rosenheim, chairman of the Medicines Commission, when he proposed the toast to the Conference and the Society.

It was important that there should be someone who could advise both parties and spot errors, he said. He found hospital pharmacists to have extensive knowledge of drugs and he was sure the same applied outside hospitals.

Referring to the Green and White papers and reports on the NHS to which the two professions were being subjected, Lord Rosenheim said that both just wanted to get on with their own work. He hoped the Medicines Commission would allow just that. Its two aims were to translate the Medicines Act into reality and to stop Britain developing a system like the American FDA which could prevent the rapid introduction of new medicaments.

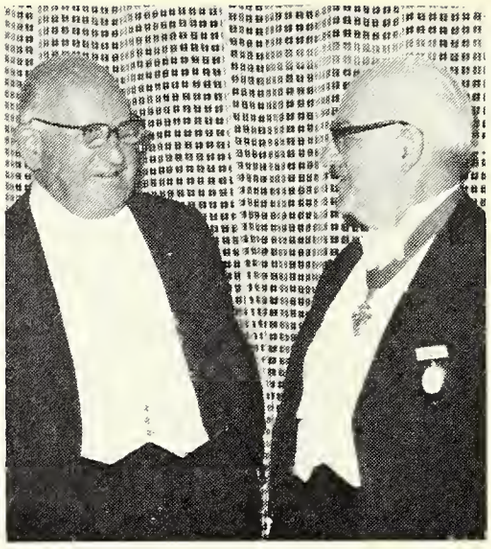
Lord Rosenheim expressed his surprise at the number of medicines that had come before the general sale list committee, and dropped perhaps the first hint of a concrete decision—tonic drops for budgerigars will be on the list, he said!

Replying, the president, Mr J. P. Kerr, said that the Medicines Act was in line with the wishes of the Society as it provided the means of control for the protection of the public. He hoped that this principle would not be lost in the Act's implementation.

Mr Kerr said a public figure had recently been admitted to hospital as the result of a side effect of aspirin—but nothing would have been heard of the incident had it not involved a public figure.

In reply to the toast to the guests and the University of Keele, proposed by Mr K. A. Lees, the University's professor of biology, Professor Alan Gemmell, referred to the seeming "irrelevance" of some of the Conference science papers. But he pointed out that the great advances in science were not made on immediately relevant problems—they were made "out of the blue" by putting things together that had never been put together before. "Genius" was the ability to put imagination into thinking, and Professor Gemmell hoped that if Government control of research funds became a reality, there would be enough money left for individual scientists to develop ideas without immediate "relevance".

The toast to the city of Stoke-on-Trent was proposed by the president; the Lord Mayor, Councillor William Austin, replied.



Conference guests: Lord Rosenheim (left) and Professor Alan Gemmell

SCIENCE SESSIONS

Ototoxicity test

At Queen's University, Belfast, techniques have been developed for screening drugs for ototoxicity by E. S. Harpur and P. F. D'Arcy.

They were prompted to work on the subject because patient deafness is often the first indication of the ototoxicity of a drug, they say.

Their methods are based on the startle response of mice to an intense sound stimulus and the effect of noise on gross body movement.

The formation of solid bonds which contribute to the strength and hardness of tablets could be accounted for by a hypothesis developed by P. York and N. Pilpel, Chelsea College. They suggest that under the influence of pressure, during tableting, melting can occur at the points of contact between particles at temperatures below their conventional melting points.

R. C. Rowe, P. H. Elworthy and D. Ganderton proposed a new pore model for plastic matrix tablets. The release of potassium chloride from tablets of that type was studied using the model. It consisted of two cylindrical capillaries of differing lengths and radii.

The smaller cylinder is designed to correspond to pores formed between the plastic particles while the larger one represents the holes formed by the dissolving drug particles. A number of these units connected in series then represents the matrix.

The object is to characterise the whole matrix network.

Because of the desirable compaction characteristics of micro crystalline celluloses, which produce tablets which readily disintegrate, K. Marshall, D. Sixsmith and N. G. Stanley-Wood, University of Bradford, have been working on the surface geometry of some of the commercially available grades. They suggest that the surface properties of those materials contribute significantly to the compaction characteristics.

A. H. Beckett, J. W. Gorrod and D. C. Taylor, Chelsea College, presented a paper which investigates the possibility of using the percutaneous route for the systemic administration of a drug and compares it with the oral route.

J. A. Diamond, Glaxo Laboratories Ltd, described a microscope method for identifying crystalline drugs such as antibiotics by dispersion staining. The technique, he says, is simple, inexpensive and applicable to all transparent substances.

The drug crystals are mounted in a liquid of a refractive index that matches at one wavelength of the visible spectrum. At the other mismatching wavelengths of light optical discontinuities occur which produce a coloured image of the specimen if a central stop is introduced into the back focal plane of the object. A range of

Three of the Northern Ireland contingent, Mr W. Gorman, secretary PSNI (left), Mr W. T. Hunter, president, and Mrs Hunter, are joined by Mrs M. A. Burr (second left), a member of the GB Society's Council

Chairman of the Science Group 1972-73 during London Conference Year is Professor W. C. Bowman, head of School of Pharmacology, University of Strathclyde. Author of more than 100 scientific research papers, Professor Bowman's appointment was announced by K. A. Lees during the closing session of the Keele Conference, who is seen here investing him with the badge of office

mounting liquids of different refractive indices is available.

The method may be used for drug identification for cross contamination and for airborne dust control applications.

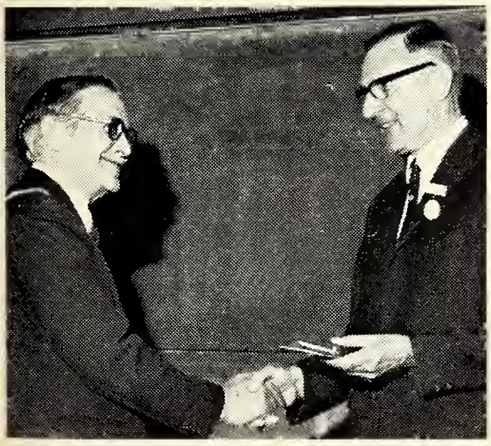
M. D. Day and A. G. Roach, University of Aston, have determined that both A and β adrenergic receptors exerting an antagonistic effect on blood pressure and heart rate are present in the brain. Previously anaesthesia in test animals has concealed the fact. In the light of their finding they discussed the mode of action of some clinically useful antihypertensive agents.

Continuing their studies on the effects of oestrogen and progesterone on the monamine levels of the brain, Pamela Greengrass and Sally Tonge, Liverpool Polytechnic, have now investigated the interactions between oestrogen and progesterone and certain psychotropic drugs.

They have found that both oestrogen and progesterone cause depletion of noradrenaline from the brain, accompanied by increased 5-hydroxytryptamine concentrations. Chlorpromazine and iproniazid antagonise the effects of the hormones on noradrenaline metabolism; imipramine and the barbiturates do not.

Sally Tonge in another communication concluded from rat experiments that permanent neurochemical changes may be produced by pre—or neo-natal exposure to psychotropic agents.

Professor Norton accepts C&D Medal and cheque from the president



CLOSING SESSION

Praise for Keele

"Few branches organising their first conference can claim the achievement of such a high standard as we have enjoyed this week," were the words of praise given to the local conference organisers by the president of the Society at the closing session.

The experiment of organising the conference within a university campus had been most successful. Mr Maxwell Gordon, Leeds, in proposing a vote of thanks to the local committee said there had been so many highlights that it was difficult to find the right words of praise. Mr Cyril Turner, chairman, local committee, in reply said "We are glad you came, we hope you will all want to come again".

Mr K. A. Lees declared it had been a "tremendous week of science" in a Conference where "we have surpassed every record." There was also distinctive evidence that those working in academic and industrial fields were coming closer together.

As a memento of the occasion, the president asked Mr W. (Bill) Ward, chairman, North Staffordshire Branch, to accept a minute book "as a token of our appreciation and thanks."

Future conferences

Conference members each received an invitation to attend the next British Pharmaceutical Conference 1973 in London, September 9-14. "It will be a conference of some nostalgia," said the president, "for it will almost certainly be the last London conference to be associated with our headquarters at 17 Bloomsbury Square." He also referred to the Nottingham Conference in 1974.

"The Council is now taking the initiative in asking branches in chosen areas to invite the Conference in future years. In the past we have relied on the initiative being taken by our branches who have extended an invitation to us. It is the feeling of the Council, and it will be confirmed after the happy experience of this week, that the Conference should be held in university towns, taking each part of the country in turn. In this way we hope to ensure that the facilities needed for a Conference of our size are available and also to ensure that all members of our Society, not matter where they live, have an opportunity, at some time or other, of being associated with a Conference held within their area."

'C&D' medal winner

The *C&D* medal for research was awarded to John Stevens, School of Pharmacy, Bath, who with B. J. Meakin and D. J. G. Davies presented a paper on the stability of aqueous solutions of promethazine hydrochloride as a function of pH. Mr Stevens was not at the closing session of the Conference, Professor Norton, head of the School of Pharmacy, Bath, received the cheque and medal on his behalf from the President of the Pharmaceutical Society.

During the presentation Mr Kerr pointed out that the award consisted of a silver medal and a prize of £25 for the best presentation of a science paper. The award was made by adjudicators appointed by the Science Committee. Members of the Conference appreciated not only the generosity of the award but also the evident interest in the Conference by the *C&D* and its publishers.

Mr Kerr continued "Last year the president in inaugurating the award expressed the hope that it would encourage more young pharmacists to present the results of their work at our Conferences. It is perhaps too soon to draw a final conclusion but it is significant that this year the total number of young authors presenting a science paper for the first time, has increased to the record total of sixteen. I leave you to draw your own conclusions. I am confident that the action of the *C&D* in offering this award can only add to the attraction which the Conference has as a major forum for the presentation in the years to come, of research work in the pharmaceutical sciences."

The decision to award C&D Research Medals at the Glasgow Conference did not allow time to strike the medals for the presentation at the 1971 closing session. The medals were therefore handed over during the Science Group meeting at the Keele Conference by Mr K. A. Lees, chairman. Pictured below receiving the medals are (left) Mr B. M. Hunter and (right) Mr S. E. Walker

MARKET NEWS

Ephedrine is firmer

London, September 19: Suppliers of ephedrine have increased their quotations. The alkaloid is up by £0·90kg and hydrochloride by £0·50kg. Other pharmaceutical chemicals were unchanged with demand at routine levels. Among crude drugs pepper rose sharply but later began to weaken although the final price showed a net rise of £20 ton for the black and £45 for the white. The price gap between Cape and Curaçao aloes again narrowed as Cape again became dearer and Curaçao cheaper. Peruvian cochineal was considerably firmer and lemon peel again advanced.

In essential oils Ceylon citronella was slightly dearer but the Chinese variety was easier in the forward position. Madagascar clove leaf was lower in both positions. Chinese eucalyptus appeared to be cleared on the spot. Bois de rose was again being offered on the spot after an absence of several weeks.

Pharmaceutical chemicals

Adrenaline: (Per g) Synthetic 1-kg lots, £0·059 500 g (£0·067); acid tartrate, 1 Kg (£0·044); 500 g (£0·05).
Aloin: 50-kg lots £9 kg.
Aminacrine hydrochloride: £33·50 kg.
Atropine: (500-kg lots per kg) alkaloid and methonitrate £65·20; methylbromide £64·20; sulphate £52·90.
Calcium carbonate: BP precipitated £49 per 10,000 kg.
Calcium gluconate 250-kg lots £0·63 kg.
Calcium lactate: 250-kg £412 per metric ton.
Calcium sodium lactate: metric ton. £709 for 50-kg lots.
Emetine: hydrochloride £375 kg;—bismuth iodide £212·50.
Ephedrine: (10-kg per kg) alkaloid £12·50; hydrochloride £10·25; sulphate £10.
Saccharin: BP Powder 1 lb and over £0·85; soluble £0·77½ lb.
Sodium perborate: (Per 1,000 kg) **monohydrate** £283·50—**tetrahydrate** £145·75 kg.
Sodium salicylate: Per kg in 5-metric ton lots £0·54; 1-ton £0·55; 250-kg £0·56½; 50-kg £0·59.
Sorbitol: Powder £335 metric ton for over 250 kg.
Terpineol: 50-kg lots £0·47 kg.
Theobromine: Alkaloid 100-kg lots £2·30 kg.
L-Thyroxine: £1·15 per g.
L-Triiodothyronine sodium: £2·50 per g.
Zinc carbonate: BPC 25-kg sacks £0·26 kg.
Zinc chloride: granular 96-98% £135 metric ton.
Zinc sulphate: heptahydrate £52 metric ton.

Crude drugs

Aloes: (metric ton) Cape primes £315 spot; £295 cif. Curaçao £760 spot; £705, cif.
Cochineal: Tenerife black-brilliant £6·85 kg spot; £6·90, cif. Peruvian silver grey £5·80.
Ginger: (ton) Cochin £222, cif. Jamaican No. 3 £1,050 spot; £850 cif. Nigerian split £210 spot, £185, cif; peeled £310 spot; £285, cif. Sierra Leone, nominal.
Lemon peel: Spot £290 metric ton; £270, cif.
Menthol: (kg) Chinese spot not quoted; shipment £6·28, cif. Brazilian spot £3·85; £3·80, cif, September-October.
Pepper: (ton) Sarawak black £400, spot; £372·50, cif; white £600; £555, cif.

Essential oils

Bois de rose: Spot £3·65 kg; £3·45 cif.
Citronella: Ceylon spot £1·18 kg; £1·12 cif. Chinese £1·20 spot; £1·06 cif.
Clove: Madagascar leaf £1·16 kg; £1·08, cif. English distilled bud £17·60. Stem £5·50 kg, cif.
Eucalyptus: Chinese 80-85 per cent unobtainable on spot; shipment £0·68 kg, cif.

COMING EVENTS

Monday, September 25
Herefordshire Branch, Pharmaceutical Society, Crown Hotel, Hay-on-Wye, at 8pm. Mr G. H. MacDonald on "The veterinary and agricultural market".

Tuesday, September 26
Ayrshire Branch, Pharmaceutical Society, Savoy Park Hotel, Ayr, at 8pm. Ladies' meeting, Mr H. C. Law on "Home Decorating".

Wednesday, September 27
Chester Branch, Pharmaceutical Society, visit to Department of Nuclear Medicine, Liverpool Clinic.
Enfield Pharmacists' Association, Firs Hall, London N21, at 7pm. Dinner and dance.
West Metropolitan Branch, Pharmaceutical Society, 17 Bloomsbury Square, London WC1, at 7.45pm. Wine and cheese party.

Thursday, September 28
Bournemouth and East Dorset Branch, National Pharmaceutical Union, Postgraduate Medical Centre, Palmerstone Road, Boscombe, at 7.30pm. Mr Stanley Bubb (member, NPU Executive) and Mr W. W. Sargent (a director, Sangers Ltd) on "VAT".
Southend Branch, Pharmaceutical Society, Overcliff Hotel, Manor Road, Westcliff-on-Sea, Essex, at 8pm. Speaker, Miss Andrea Stern (Coty Ltd).

Friday, September 29
Harrow Branch, Pharmaceutical Society, Conference area, Northwick Park Hospital, at 8pm. Wine and cheese party, (£0·75 per ticket).

Classified advertisements

Classified Advertisement Rates

Display: £4·50 per s.c.i. min. 1" s.c. (1" x 1⅝"); ¼ page (4⅝" x 3½") £40; ½ page (4⅝" x 7") or (9" x 3½") £70; 1 page (9½" x 7") £120
Lineage: 35p per line, min. 5 lines @ £1·75
Box Numbers: 25p extra
Series Discounts: 5% discount on 3 insertions and over; 15% discount on 13 insertions and over
Copy Date: 4 pm Tuesday prior to publication date: Advertisements should be prepaid
Publication Date: Every Saturday
Post to: Classified Advertisements, Chemist & Druggist, 25 New Street Square, London, EC4A 3JA (01-353 3212).
Circulation: A.B.C. January/December 1971, 15,167

Situations vacant

WHITLEY BAY where the sun shines. Good salary and profit share for industrious experienced Pharmacist seeking better prospects. Little clerical work—non-contributory pension. Small growing group. Write: Superintendent Pharmacist, 1, Elmwood Grove, Whitley Bay, Northumberland, NE26 1LU.

Please address Box No. replies to: Box No. .....
CHEMIST & DRUGGIST,
25 New Street Square,
LONDON, EC4A 3JA.

PHARMACIST OR CHEMIST

required for formulation and stability testing of ethical and proprietary medicines.

Further details may be obtained from the Personnel Manager,

ORGANON LABORATORIES LTD.,

NEWHOUSE, LANARKSHIRE.

OPPORTUNITY FOR A CAREER SALESMAN

Stafford-Miller Limited, the English subsidiary of Block Drug, International require an experienced representative to call mainly on Chemists in Kent and S. E. London.

In addition to its ethical pharmaceuticals, Stafford-Miller market a range of toiletry products like TEGRIN - SENSODYNE - DENTU-CREME - DR. WERNETS - POLI-GRIP and JOY-RIDES which are all heavily supported with national advertising.

This is a progressive post on a well established territory with all the benefits that are in line with representing a Company of high standing and a pattern of growth which has continued over the past ten years.

A good salary is offered together with high incentive payment - Company car - all normal expenses - Life Assurance cover - non-contributory pension scheme.

Write in first instance giving details of age, career to date and territory presently covered to:—

Sales Director,
Stafford-Miller, Ltd.,
166, Great North Road,
HATFIELD, Herts.

Households spent more in 1971 on medicines

The average weekly household expenditure for medicines and surgical goods rose from £0·168 in 1970 to £0·18 in 1971 according to the Department of Employment's Family Expenditure survey for 1971. However, the expenditure for toilet requisites and cosmetics dropped from £0·311 in 1970 to £0·28 in 1971.

Weekly expenditure on medicines and surgical goods for the three year period 1969-71 was £0·15. This remained at £0·11 for the periods 1964-66, 1965-67 and 1966-68, rose to £0·12 during 1967-69 and was £0·13 for 1968-70.

The expenditure for toilet requisites, cosmetics etc, also showed an increase over the previous period: £0·30 for 1969-71 as against £0·28 in 1968-70, £0·25 in 1967-69, £0·24 in 1966-68, £0·22 in 1965-67 and £0·21 in 1964-66.

Average weekly expenditure for the two-year period 1970-71 was highest in the South-east, £0·18, as opposed to £0·16 in East Anglia, £0·14 in West Midlands, £0·15 in East Midlands, £0·14 in North West, £0·14 for Yorkshire and Humberside and £0·13 in the North.

It was again highest in the South-east area for toilet requisites and cosmetics during 1970-71 (£0·37). This figure dropped to £0·32 for East Anglia, was £0·34 in the West Midlands, £0·28 in East Midlands, £0·30 in North West, £0·29 in Yorkshire and Humberside and £0·29 for the North area. The average total household weekly income in 1971 was £38·48 (Department of Employment Family Expenditure Survey report for 1971, £2·40).

Soft drinks review

The Food Standards Committee has been asked by Ministers to carry out a full review of the Soft Drinks Regulations—which lay down compositional and labelling requirements for soft drinks, including low-calorie soft drinks and soft drinks for consumption by persons suffering from diabetes.

Anyone wishing to make representations should send them to The Secretary, Food Standards Committee, Ministry of Agriculture, Fisheries and Food, Room 419, Great Westminster House, Horseferry Road, London SW1P 2AE.

Go ahead for pharmacists' VAT scheme

The second *VAT Bulletin* which appeared this week would appear to set the seal of approval to the chemists' modification of Scheme 1 for accounting for value added tax. The modified scheme was described in *Chemist and Druggist*, September 9, p 381, at which time the "special method" was awaiting official approval. Further details are given below:

In calculating their output tax, pharmacists will be allowed to deduct from their gross takings:

☐ All payments received from customers or the Department of Health in respect of any supply described in group 14 of schedule 4 to the Finance Act 1972, and

☐ The total amount which zero-rated goods (other than those supplied as above) received during the period are expected to realise when sold, after allowing for losses, special offers, etc.

Modified scheme I applies where standard rate supplies are not distinguishable at the point of sale from zero-rate supplies but zero-rate supplies do not amount to more than one-tenth of total turnover.

Records needed are:

A. Daily gross takings for supplies of goods and services at the standard rate and the zero-rate. Separate totals are not required.

B. Receipts of zero-rate goods for retailing received in each tax period, showing the amounts the goods are expected to realise (after allowing for losses, special offers, etc.) when sold to customers.

C. Supplies of goods under written hire purchase, credit sale or conditional sale agreements.

(Note: C does not enter into the special scheme calculations but is added into the output tax calculation later.)

The Bulletin gives this example of a special scheme calculation:

Every tax period

1. Add up for whole tax period Total gross takings, say £24,000; 2. Deduct B (say £2,000) from A, £24,000-£2,000 = £22,000; 3. Calculate the VAT fraction of the net amount resulting from 2 to find the output tax, £22,000 × 1/11 = £2,000 (with a tax rate of 10% the fraction is one-eleventh).

Output Tax

Special scheme output tax, £2,000; Output tax on hire purchase, credit sale and conditional sale supplies, say £100. Total output tax due £2,100.

Richardson-Merrell's sales manager, Barry Ward, BPharm, MPS, (right) presents the company's "Salesman of the Year" award to Cyril Brough who covers Cheshire and the North-west.

Toiletry sales higher

Manufacturers' total sales of toilet preparations at current prices in the second quarter of 1972, at £44·9m, were 21 per cent higher than in the corresponding quarter of 1971, according to the latest *Business Monitor*.

The largest increase of sales in the home market compared to the corresponding quarter of 1971 was shown by hair preparations, with sales to all outlets rising to £12·96m from £9·48m. Sales of make-up and dental preparations increased by 27 and 26 per cent respectively. Export sales of toilet preparations at £5·51m increased by 6 per cent.

If an allowance is made for an increase of 10 per cent in wholesale prices, it is estimated that the total volume of sales of toilet preparations in the second quarter of 1972 was 11 per cent greater than in the corresponding quarter of 1971.

FPA to sell own-brand contraceptives

Own-brand contraceptives. They are what the Family Planning Association aim to sell as from mid-October. The association is setting up its own limited liability company—FPA Sales—and will initially sell two packs.

Condoms under the trade name Forget-me-not will be sold in packs of two or ten and there will be a twin pack of spermicide and condoms (three of each to the pack) to be called Two's Company.

Mr Caspar Brook, director of the FPA said: "Our aim is to take the furtiveness out of buying.

"Initially we will distribute supplies through our own clinics and by mail order. Once we see how that goes we will then seek other outlets." Newspapers and other press media will be used to advertise the contraceptives.

Defending the setting up of the new company Mr Brook continued: "Our whole national executive is entirely behind us on this.

Scale stolen?

Bristol police have been unable to trace the owner of an Avery scale (class 2) recovered during a drugs raid in the city. They suspect it may have been stolen from a pharmacy.

The scale is white and carries the serial number 2028. Information, please, to Bristol police, telephone Bristol 22022. extension 2167.

'Potteries' to have a 90-minute ethicals service

A 90-minute service for ethicals, standard drugs and drug tariff sundries is the aim of a new service by Vestric Ltd to chemists in the Potteries due to begin next Monday.

This satellite depot at Sneyd Green, near Burslem, Staffs, will serve customers within a 20 mile radius of Stoke-on-Trent. The development will be an extension of the services of the company's branch at Kingswinford which has served the area for some time.

The new unit is being introduced as a result of Vestric's increasing business with customers in the area.

Through the organisation of the telephone sales calling times and the van delivery schedules, it is intended that customers, even those at the very end of a delivery run, should receive their orders within 1½ hours of telephoning Sneyd Green.

Kingswinford branch telephone sales staff will telephone customers of the Sneyd Green depot area in respect of over-the-counter products. The non-dispensing orders will be dispatched to the new depot by feeder-service vehicles and delivered to the customer with their ethicals deliveries.

The telephone number is: Stoke-on-Trent 86926.

Manager of the Sneyd Green development will be Mr John Baseley who joined Vestric in 1969 after extensive experience in pharmaceutical wholesaling.

Hieronymous at large

Mr George Teeling-Smith, director of the Office of Health Economics, is offering £10 reward to the finder of his four-year-old parrot, Hieronymous.

The African grey parrot flew off about four weeks ago from Kensington.

Mr Teeling-Smith told *C&D* that the parrot's wings are clipped regularly and before he flew off he was only hopping about the house. "The parrot tricked me into believing he didn't need them cut."

The parrot boasts a fair vocabulary including his own name and the BBC radio time signal.

Hieronymous was still at large earlier this week but a sighting was reported in Dulwich, south-east London.

Addiction to narcotics jumps 8.7 pc

The number of narcotic drug addicts in the UK known by the Home Office to be receiving narcotic drugs at December 31, 1971, was 1,555—an increase of 8.7 per cent over the total (£1,430) for 1970.

The 1971 figure comprises:-

- ☐ 1,161 addicts receiving methadone, of whom 229 were also receiving heroin (1970: 992, with 254 addicts also on heroin)
- ☐ 156 addicts receiving heroin, either alone or in combination with drugs other than methadone (1970: 183)
- ☐ 238 addicts receiving drugs other than methadone or heroin (mainly morphine or pethidine) whose addiction is mostly of therapeutic origin (1970: 255).

The number of addicts known to be receiving heroin at the end of 1971 was 385, compared with 437 at the end of 1970.

The figures are based upon statutory notifications under the Dangerous Drugs (Notification of Addicts) Regulations 1968, which require doctors to notify particulars of addicts whom they attend, and upon the examination of prescription records.

Convictions for offences involving drugs controlled under the Dangerous Drugs Act 1965 numbered 10,844 (8,800 in 1970). These resulted from 12.293 prosecutions (9,879 in 1970).

Cannabis accounted for 9,219 convictions (7,520 in 1970).

Convictions for offences involving drugs controlled under the Drugs (Prevention of Misuse) Act 1964 numbered 5,516 in 1971, of which 1,601 were for LSD offences. In 1970, convictions totalled 3,885 (757 for LSD offences).

The number of persons found guilty of offences involving drugs controlled under these Acts was 11,712; the corresponding figure for 1970 was 9,160.

Part of Vestric's Sneyd Green depot

Free family planning advice for Cheshire?

A £60,000 plan to provide free contraceptive advice to all residents in Cheshire could start on April 1 next year if Cheshire County Council approves a proposal of its health committee. A further £6,000 will be set aside for publicity.

This would be the first family planning service on a county wide basis.

Dr Duncan Dalton, the county's assistant medical officer of health, said the family planning service at present ran on an agency basis could be dealt with directly by County Council-employed doctors and nurses.

Analgesics move in Belgium

A Royal decree issued in Belgium imposing severe restrictions on the sale of paracetamol and phenacetin produced a reaction of surprise this week from British manufacturers.

The decree means that Belgians may obtain packs containing more than 4·5g of the drugs on prescription only. Packs containing less than that amount must carry the warning: "Prolonged use of this medicine may induce severe kidney damage. Do not use for more than 10 days without prescription."

The association between kidney damage and phenacetin is well known but a similar situation with paracetamol (a metabolite of phenacetin) has not been established.

A spokesman for Winthrop Laboratories commented to *C&D*: "We can see no justification for this at all." The company have taken the matter up with Belgian authorities.

Liver damage, but not nephrotoxic effects, are known to follow the ingestion of excessive quantities, eg, more than 15g of paracetamol.

When the chemist is closed . . .

Newsagents' extended hours are put forward as a good reason for them to stock cough and cold remedies in the September 15 issue of *National Newsagent*.

An advertising feature is introduced in these terms:—

"Pharmaceutical companies all over the country are well aware that before chemists open, and after they close in the evening, cold-sufferers will pop into the newsagent's shop —and find a wealth of products to warm their hearts and clear their aching heads."

Death of R. H. Drain

Mr R. H. Drain, a member of the National Pharmaceutical Union Executive Committee since April 1971, died on Tuesday. Mr Drain was also secretary of the Ipswich and Suffolk Branch of the Pharmaceutical Society.

The funeral is at Chancery Methodist Church, Kingfisher Avenue, Ipswich at 1.30 pm on Friday, September 29. Flowers, or donations to the Cancer Research Fund.

COMPANY NEWS

Unichem enter business brokerage

Unichem Ltd have initiated a service to introduce prospective buyers and sellers of pharmacies.

Peter Dodd, managing director of Unichem, believes that it is becoming increasingly apparent that the better pharmacies are not reaching the general market when the owners decide to dispose of them. "This results in the multiples, often those allied also with wholesale organisations, snapping up the cream, in spite of the fact that there are a large number of young and energetic pharmacists with ample financial resources, who are denied the chance of making an offer."

He adds that recent events had tended to weaken the position of the independent pharmacist and the loss from the independent ranks of many worthwhile businesses steadily eroded the strength of the private man. In an attempt to obviate that trend continuing they had established a brokerage service for customers, which was now gaining increasing support.

He asks pharmacists who have businesses with annual turnover in excess of £35,000 to dispose of, to give Unichem, as "honest brokers", first chance to put them in touch with a prospective purchaser, and "thus ensure that the pharmacy is not one more victim of the menacing hordes of big business".

"The service," he states, "is conducted with the utmost confidentiality and buyers will be entirely free to negotiate a fair price. Unichem makes no charge for this service."

Macarthys' future by Sir Hugh

In his address at the annual meeting of Macarthys Pharmaceuticals Ltd last week, the chairman, Sir Hugh Linstead, said figures indicated the success of the group's reorganisation, the potential growth inherent in the group and the quality of the executive management. "These assets have enabled us in a year when external trading conditions were not particularly favourable to increase significantly our share of the market."

Sir Hugh added that an export market was opening up for their veterinary products which they were already exploiting. They also had opportunities of expanding their export sales of renal dialysis fluid. "The expansion of our agency business for prescription medicines, by the provision of a medical representation service will be welcomed by overseas manufacturers and will enable us to offer them a complete distribution organisation. By the selective acquisition of established branches in modern shopping centres and with substantial sales areas, we are ensuring a steady and profitable expansion of our retail division."

So far as wholesaling was concerned the two new depots which are to be opened in 1973 will become profit producing in 1974, while the development of specialist depots serving hospitals only should, on the basis of our experience at Bayswater, give better opportunities of competing in this "specialised but substantial market".

Glovers get formal offer

A formal offer from Associated British Maltsters Ltd for Glovers (Chemicals) Ltd has been posted to Glovers shareholders. The offer is recommended by the Glovers directors and has been irrevocably accepted by them and certain other shareholders with a total of 14 per cent of the capital.

The offer gives Glovers shareholders an increase of one-third in both capital value (over the price before the bid) and in their dividend income.

Squibb open new laboratory

The important role in the pharmaceutical industry of development work, as distinct from pure research, was stressed by Lord Cohen of Birkenhead when he officially opened the new laboratory which adds 28,000 sq ft to the existing complex of E. R. Squibb & Sons Ltd, at Moreton, Cheshire.

He reflected on the great strides that he had seen during his lifetime through new medicines, many discovered in academic laboratories but later developed at considerable expense and risk by the industry.

Randall Hurley, BBC Radio, Leeds (left) interviewing (left to right) Messrs O. K. Fodstad and Vogt-Lorentzen, joint managing directors of Norema, and J. Horrocks, managing director, Nordia UK, at the official opening of the new Nordia headquarters in Leeds (story this page)

Whilst there were other factors which had helped in building a healthier society it was right to acclaim the industry for its contribution.

A description of the laboratories which will function on an international basis, was given in *Chemist & Druggist*, September 2, p 327.

New showrooms for Nordia

William Mason & Son Ltd, Leeds, now a wholly-owned subsidiary of Norema Ltd, Oslo, have opened new offices and showrooms for their Nordia shopfitting at Gelderd Road, Leeds. The official ceremony was performed by the Norwegian Ambassador to Great Britain.

Nordia was the brainchild of three Norwegian resistance fighters who met during their country's occupation. Today only Mr W. Henirchsen, chairman, and Mr O. K. Fodstad, managing director, are left from the original trio who made Norema one of the largest firms in the world designing and manufacturing shopfittings.

William Mason & Son were taken over by Nordia in 1970.

Steetley's joint German venture

Steetley Co Ltd and N. L. Industries Inc, have agreed on new arrangements for their joint venture Abbey Chemicals Ltd.

Steetley's holding in the UK-based Abbey Chemicals will be reduced from 48 per cent to 30 per cent and Steetley will acquire a 30 per cent holding in the German company Bentone Chemie GmbH, who have recently built a new plant at Nordenham, near Bremerhaven, to manufacture a similar range of products to meet the higher demand from Germany.

In addition to the UK and German plants, Steetley and N. L. Industries, Inc, through Abbey Chemicals hold a 48 per cent interest in the French company Bentone-Sud SA.

Cussons setback was 'temporary'

The indications are that the set back suffered in the latter half year by Cussons Group Ltd was temporary, the chairman, Mr. S. H. Cussons, reports.

He believes that given reasonable trading conditions the earlier trend towards improved profitability will continue. He feels a sound base has been laid upon which the prosperity of the company can be built.

Included in the account for the 53 weeks ended April 2 are exceptional expenses of £65,894 which have arisen on the withdrawal from distribution of a bought-in product; the amount forms part of a claim against the supplier. Cussons was advised to withdraw the product from the market.

LRC outlook is 'good'

The annual meeting of LRC International Ltd was told by the chairman, Sir Edward Howard last week that the group had made a good start to the year and the outlook was good also.

Several new drugs developed

Continued on p 464

Continued from p 463

were in the process of being submitted to the Food and Drug Administration in the US for approval and the directors were confident of a satisfactory outcome.

In that case the R and D effort of the past years would start to show increasing rewards.

In brief

Mr C. W. Scott, FPS has sold his business at 614 Kingston Road, London SW20 to Mr J. G. Goldsworth, MPS, who is now trading under his own name. Mr Scott has purchased the business of A. J. Borthwick, 10 Market Place, Selkirk.

Coleman & Co Ltd are reorganising and extending their production area at Norwich. The cost of the development is over £350,000 and will involve the demolition of some buildings, the building of new sections, and the reorganisation of activities in existing buildings.

Scottish Chemists' Manufacturing Co Ltd have moved their offices to Prudential Chambers, 2 St Andrew Square, Edinburgh EH2 2BG (Telephone: 031-556 8613). Goods to 7 West Register Street, Edinburgh EH2 2AQ.

Willows Francis Ltd have declared a final dividend of 7½ per cent making 10 per cent for year to June 30, (5 per cent.). Group net profit is £90,437 (£81,079) after tax.

Crookes Anestan Ltd have now moved from Basingstoke to Nottingham. Address: PO Box 94, 1 Thane Road, West, Nottingham NG2 3AA.

P. C. Cahill & Co Ltd are moving to new offices and warehouses on October 2. The address is PO Box 601, Chapelizod, Dublin 20 (telephone: Dublin 366661).

Appointments

Elga Group: Mr David Moreau becomes chairman of the Elga group of companies succeeding Elga's founder, Mr Walter Lorch.

CIBA-Geigy Chemicals Ltd: Dr Hans A. Kindler, who joined from CIBA-Geigy's pharmaceutical division, has at the age of 34 been appointed managing director in succession to Dr H. U. Meister.

E. Moss Ltd have appointed Mr Barry M. Andrews, BPharm, MPS, an executive director. He joins Mr Duncan Watts, MPS, in the retail administration of the company.

Seton Group: Mr John Savin has been appointed management services manager with the Seton group of companies of Oldham.

PEOPLE

Mr Frederick J. Whelan, MPS, in business at 8 High Street, Standish, Wigan, for 16 years, has retired.

Mr Whelan was a member of the council of the Guild of Public Pharmacists and secretary of the staff side of the Whitley Council in addition to being convenor of the pharmaceutical advisory committee of the Sheffield Regional Hospital Board.

Miss Ellen Attenburrow, MPS, Melton Mowbray, Leics, who this year presented a trophy for the winner of the highest points in the flower arrangement section of the local chrysanthemum and dahlia society, entered the section and was herself the winner of her own trophy.

Marriages

Land-Bates: On September 16, at Calverley Parish Church, Pudsey, near Leeds, Brian Haldane Land, MPS, to Sheila Margaret Bates, MPS. Both work at Leeds General Infirmary.

NEWS IN BRIEF

☐ The general index of retail prices in August was 165·5 (January 1962=100) compared with 164·2 in July.

☐ Total sales and work done by pharmaceutical establishments in the UK during the first quarter of the year totalled £136m against £127·89m in the first quarter of 1971.

☐ The provisional total value of sales and services of the photographic and document copying equipment by UK manufacturers in the second quarter of the year was £14·12m against £16·51m in the first quarter.

☐ The annual report of the Nuffield Foundation which gives details of grants made during 1971 shows that a sum of £8,300 was made for laboratories for clinical neuropharmacological work in the new department of neurology at King's College Hospital Medical School, London.

Topical reflections by Xrayser

Twenty-four-hour service

At one of the professional sessions of the Conference at Keele a good deal of discussion centred round a means of providing a pharmaceutical service of some kind throughout twenty-four hours of each day. It is not a new subject and indeed, in my early days in pharmacy a number belonging to the generation before my own had been cogs in the wheel of such an undertaking.

It was the practice in some cities for one assistant—not necessarily qualified—to remain on the premises when the door closed for the day at 9 or 10 pm and those more fortunate took their departure for home or whatever form of entertainment might have offered at such an hour. There was a bed of sorts, and the assistant settled down for the night disturbed, I was told, on rare occasions by a door-bell. More often than not, nothing happened, and when the day-staff returned at 8 am, the night-bird was allowed two hours for breakfast before returning to the fold for a normal day's work.

The practice ceased, and about thirty years later some of the large cities were offered a service by a large company whose proud boast it was that the door was never closed. That also fell into abeyance for a variety of reasons, and now there appears to be a demand, not from Government, not from the public, but from pharmacy itself to try again.

And reading your report of the proceedings, it seems to be prestige which is prodding pharmacy to don the hair shirt. Many suggestions were put forward for accomplishing the self-imposed task. Some were complicated, some less so. Mr Albert Howells thought that in city areas the Treasury should pay for a consortium out-of-hours service, or that there should be a salaried night-duty service. But if that were successful, the Treasury might, logically, think that there was something to be said in favour of a salaried day-service too, and that might not be acceptable to contractors in general. On the whole, I think the matter is one to be approached with extreme caution.

Hospital

Mr G. Calder, a regional pharmacist, also made reference to out-of-hours service, suggesting that the hospital pharmacy might provide it, with hospital and general practice pharmacists taking part. That seems, at first sight, a promising avenue, particularly as it would be easily understood by the public and quickly accepted.

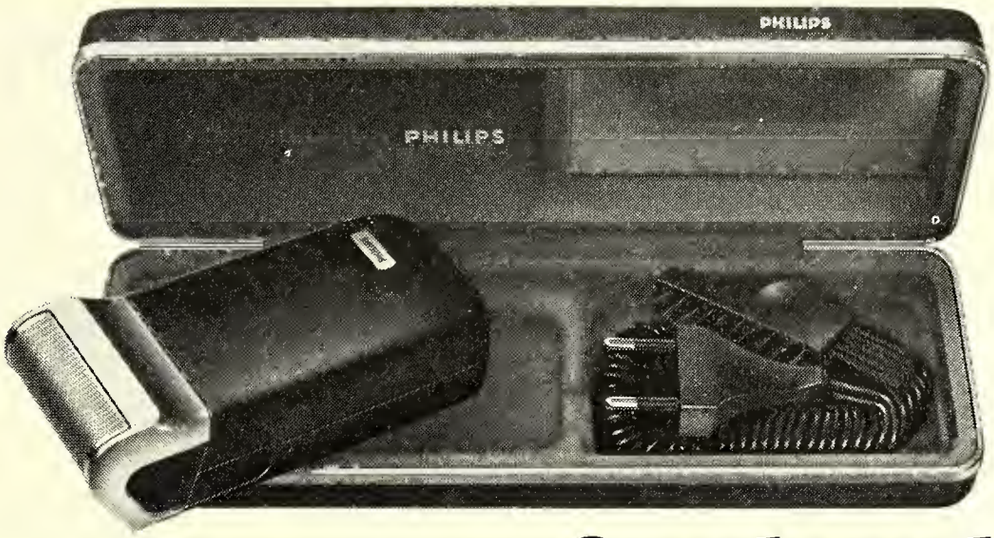
But there are physical limitations to the hours of work in such a field as pharmacy, and lengthening the day by undertaking late evening duty could lead to a state of exhaustion fraught with danger. I remain unconvinced that there is need of such a service.

Pollution

The Conference lecture by Dr David Train, "Pollution in Perspective," provided some extremely interesting material concerning the Thames. That mine of information, William Kent, quoted a member of Parliament saying in 1858 that they had built on the banks of the Thames a magnificent palace for legislature, "but how could they direct the attention of any foreigner to it when he would be welcomed by a stench that was overpowering?"

There is still a long way to go before we reach the "silver streaming Themmes" of Spenser, and industry must be compelled to play its part, no matter the cost.

Philips already have half of the electric shaver market.



Now we're going after the other half Philips XTR 7.

The Philishave range may have nearly 50% of the market, but for us that's only half the story and we're planning to make inroads in the other 50% with a very remarkable new shaver – The Philips XTR7. This shaver has a revolutionary angled chrome steel foil head which is guaranteed for a full year.

It gives a very close, very comfortable shave for the man who feels the foil headed shave is the one he's looking for.

The recommended price is £13.25. In the luxury price bracket – but then we think a technically perfect shaver that feels solid and shaves comfortably close is worth the extra money.

Here's how we're going after the other half:

Powerful, hard-selling advertisements in the National Press are going to launch the XTR7 to all your customers – starting October 23rd. So take a look at the chart and get ready with your order book.

The campaign you see detailed opposite will cover 80% of the target market (ABC1 men) throughout the country. And each man will have more than 6 opportunities-to-see the advertisement. So the total gross impacts will be a huge 66,800,000 opportunities.

PUBLICATION	DEPLOYMENT October 23	October 30	November 6	November 13	November 20	November 27	December 4	December 11
Sunday Express				●		●		●
Sunday Times		●	●		●		●	
Observer Colour Magazine	●		●		●		●	●
Radio Times		●		●		●	●	
Weekend Telegraph	●		●			●		●
Punch		●		●			●	●
Country Life			●		●		●	●
Illustrated London News		● (Nov)			● (Dec)			

PHILIPS

We want you to have the best.

NEW PRODUCTS AND PACKS

Over-the-counter medicinals

Beecham's Midlands launch

October 1 sees the launch of Beecham's headache tablets in the Midlands. Beechams are already well established in the £20 million analgesic market with Beecham's powders and Phensic which already gives them 24% of the total analgesic market. However, Beecham's claim there is no analgesic on the market specifically formulated and marketed for *complete* headache relief. It is this gap in the market worth approximately £5 million at rsp that Beechams are seeking to exploit with their new product.

The tablets contain paracetamol and caffeine and are packaged in two sizes—18 tablets (£0·19) wrapped in a boxed foil carton, and 50 tablets (£0:49) in a plastic Securitainer drum. There is also a range of display material echoing the pack design (Beecham Products (UK), Great West Road, Brentford, Middlesex).

Cosmetics and toiletries

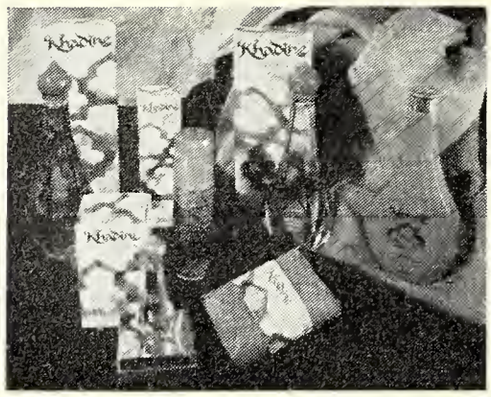
Inspiration from the East

Khadine is the name of a new Yardley perfume which contains spices of clove and pepper, otto of rose, jasmine and lily of the valley together with sandalwood, vetivert and patchouli. They have launched a group of Khadine products with a perfume (£1·25), mini-spray (£0·69), foam bath (£0·77), talc (£0·37), soap (£0·22) and Cologne (£0·87). The packaging for Khadine, which means beloved companion in classic Arabic, follows an 'Eastern look' with muted mauve colours and bottle which have miniature 'minaret' type caps (Yardley Ltd, 33 Old Bond Street, London W1).

Recital from L'Oreal

L'Oreal have just launched Recital, a shampoo specially developed for use on colour-treated hair. The pack of Recital colourant and is, say L'Oreal, designed to keep colour treated hair in peak condition, as well as making hair easy to comb and set after shampooing.

The new shampoo will be available in a single application size sachet (£0·07½) and there will be a special introductory offer



at 2½p off to consumer. A free goods bonus will be in effect on orders of Recital Shampoo until October 20 (L'Oreal, 18 Bruton Street, London W1A 1BX).

Movie star looks

Two new lashes have been added to the Miss Eylure range of real hair and wash and ready to wear false eyelashes. Called Movie Greats, (£0·59) they are both named after well known films. Camille is a European hair lash available in soft black and brown and Gigi is a longer European hair lash finely spiked, also available in either soft black or brown (Eylure Ltd, Grange Industrial Estate, Cwmbran. NP4 2XR).

Improvements to Lux

Features of the new Lux Beauty soap (£0·10½) launched recently by Lever Brothers include a new shape for easier stacking, a new range of colours, an improved perfume and a satin-finish wrapper (Lever Brothers, Port Sunlight, Cheshire).

Lip conditioner in a pot

Coty have added new shades for the Autumn to their range of Honey Pots and Smudge Pots. They have also introduced Honey Pot lip conditioner (£0·55) which is a colourless lip conditioner in a pot. It contains hydrolised protein and, says Coty, is excellent for chapped lips.

The new shades in the Honey Pots range for the lips are Cherryshine, Pansyshine, Plumsyshine and Honeyshine (£0·45). Deep blue, Deep teal and Deep violet (£0·45) are the additions to the existing Smudge Pot colours for eyes (Coty Ltd, Coty House, 3 Stratford Place, London W1N 9AE).

Children's soaps and talcs

Following the introduction of Rupert and Parsley soaps and talcs, Morny have now added Larry the Lamb soap and talc to their range of toiletries for children. Two Larry the Lamb soaps are wrapped in foam and presented in a carton featuring cut-out stand-up figures of Larry and some of his Toytown friends (£0·50). Larry the Lamb talc comes in a sprinkler container decorated with a Toytown dockside scene (£0·38) (Morny Ltd, 17 Old Bond Street, London W1X 4AY).

Rinse for dry hair

Wella have introduced Almond Creme rinse (£0·35) for dry hair to complete their trio or hair rinses. The other two in the range are Herbal for difficult or over-treated hair and Lemon for greasy hair. All three are presented in new, slim, white bottles with the flip-top for easy use and each bottle is enough for ten treatments.

The new rinse contains almond oil and Wella recommend it for hair which is dry, flyaway with static electricity or liable to tangle (Wella Ltd, Wella Road, Basingstoke, Hants).

New shades of lipstick

Two new shades of lipstick have been added to the Whipped Creme range (£0·55) from Max Factor, Red Chili—a bright, pimento red and Silky Lilac—a dusky, lilac pink. The newcomers have the same soft texture as the other lipsticks in the collection and are also presented in a tortoise-tone and gold case (Max Factor Ltd, 16 Old Bond Street, London W1X 4BP).

Colour-cum-setting lotion

Ten Day colour set is the name of a new range of setting lotions plus colouring action from the Eugene division of Ashe Laboratories. It is available in a choice of six shades, white silver, pearl grey, honey brown, chestnut, brunette and lightener. Easy to apply and, say the manufacturers, quick-drying on all kinds of hair, these colours are combined with an effective setting power (£0·11).

The display pack of two dozen phials comprises four of each shade and a replacement pack of one dozen of any one shade is available (Ashe Laboratories Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey).

Pine foam bath sachet

Beauty Without Cruelty have added to their range a pine foam bath sachet. It contains pine essence blended with coconut and palm kernal oils, "together with nourishing seaweed and a total of 18 exotic herbs".

The Pine Foam Bath comes in an easy to open polythene sachet containing 15cc (£0·06) (Beauty Without Cruelty Ltd, 49 Upper Montagu Street, London W1H 1FQ).

Water colour eye kit

So that girls can mix their own shades Miners have introduced Water Colours (£0·41) which is a box containing five colours, a pearly mixer and a brush. Separate Water Colours are also available (£0·16). They have also brought out Eye Paint, vivid colour (£0·23) which, they say, is both long-lasting and non-streaky. Eye Paint comes in bright blue, violet, peacock and lime (Miners Make Up Ltd, Hook Rise, Surbiton, Surrey).

New Hoodwinks pack

Cardinelli are introducing bright new packaging for their Hoodwinks range of eyelashes which now has 20 styles plus underlashes. The "fantasy" theme on the pack is carried right around the pillow-shaped carton and is in full colour (Cardinelli Ltd, 339 Green Lanes, Harringay, London N4 1EA).

Baby care

Babettes go national

Babettes disposable nappies (£0·27 for a 20 pack) and nappy pants (£0·21 per pack) are being launched nationally by

Bowater-Scott after extensive test marketing.

The launch is being backed by a £90,000 advertising campaign which consists of full-page colour advertisements in *The Baby Book*, *Bounty Baby Book*, *New Mother* and *Mother*, in addition to six women's magazines. The campaign continues until May 1973.

In addition, two promotions designed to encourage consumer trial and further purchase are being finalised.

Floor standing units with headboards and shelf strips will hold one case of Babettes nappies and a case of the four assorted sizes in pants.

Introduced into Tyne Tees in 1970, Babettes had reached the position of brand leader in the region by 1971 with a 34·7 per cent market share (Bowater Scott Corporation Ltd, Bowater House, Knightsbridge, London SW1).

Sundries

Tights for all shapes and sizes

Elbeo Ltd have launched Proportioned tights (£0·75) with two hip fittings for each leg length; six sizes in all. There is a choice of Corona (15 denier), Rhythmus (20 denier) and Adagio (30 denier) as well as a wide choice of shades.

Proportioned tights are seamless and have reinforced heels, round-the-toe seams, and a reinforced panty with knitted-in waistband and shaped gusset (Elbeo Ltd, Lenton Lane, Nottingham NG7 2NS).

Hand cream re-packaged

Personality have re-packaged their turtle oil handcream (£0·32). It is now available in a slim, unbreakable bottle with a gilt cap (Richards and Appleby Ltd, 12a St George Street, Hanover Square, London W1).

Scholl suede spray

A suede protector spray (£0·50) is now available from Scholl. It contains a fluorochemical which, say the makers, makes suede resistant to stains and dry-soiling.

The new aerosol is the same yellow as other Scholl products. Swing tickets advising the use of the spray appear on all suede clogs by Scholl and packs of six cans contain a display outer bearing the slogan "protect suede against rain and stain". National advertising will support the launch throughout October and November in women's weeklies (Scholl UK Ltd, 182 St John Street, London EC1 1DH).

Support tights launch

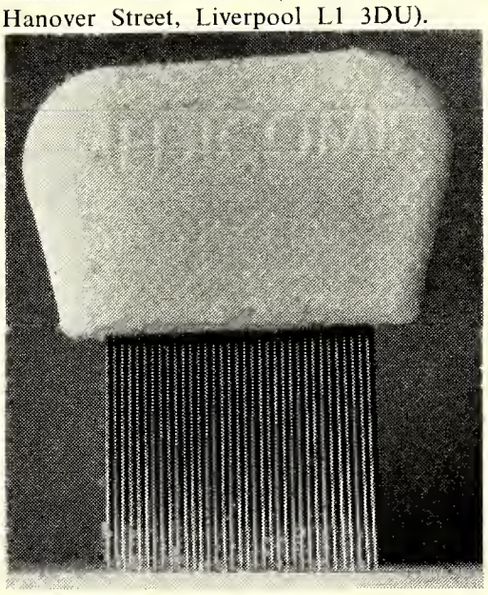
South Coast Hosiery is introducing Norlyn full support tights (£1·20) in an attractive hosiery box pack. The manufacturers claim Norlyn support tights help wearers to stand and walk longer by supporting the legs and by helping to alleviate strain. High denier Lycra is used with nylon 66 to give a sheer finish. They are available in two sizes, 36-40 in and 40-44 in and, say South Coast Hosiery, last up to five times longer than ordinary tights.

Point-of-sale display material is backed by informative literature and a repair service. They are being distributed by Global Pharmaceuticals Ltd, 62 Kenilworth Road, Edgware, Middlesex.

Clinical combs

Medicomb Ltd have produced a comb claimed to give maximum efficiency in eradicating head lice from the hair of both children and adults.

It is made up of 35 1½in teeth of Swedish steel. The teeth are moulded in a nylon handle with finger grip for firm combing. The Medicomb (£1·05) is packed in cartons of 5 combs complete with attractive showcard (Medicomb Ltd, Hanover Street, Liverpool L1 3DU).

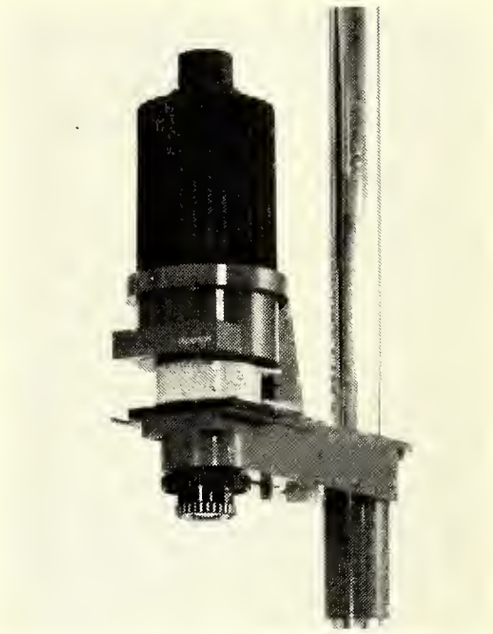


Photographic

An enlarger from Paterson

Paterson Products Ltd are showing three major additions to their range at Photokina in Cologne.

Radical design innovations, making full use of modern materials and techniques, are claimed for the Paterson 35 enlarger (£24·80) 35mm and 126 negatives. Features include: press-button release for easy height adjustment; tall column for 15 × 12in prints on the large base; virtual absence of light-spill from lamphouse (a fin-type heat elimination system has been devised); glassless film carrier and condenser with anti-ring glass pressure plate; colour filter drawer; magnetic corners for making borderless prints direct on base; and built-in red safety filter. The enlarger head is moulded in polycarbonate, a plastic which combines heat and impact resistance. The lens mount and focusing



thread are moulded in black acetal resin material which has friction-free properties. The base is in ABS.

A high quality 50mm f4·5 Paterson lens (£9) is available as an additional item.

Paterson anti-static wetting agent (£0·27) is designed to inhibit the collection of dust and dirt particles on films after processing. It is packed in 50-ml plastic squeeze bottle with drop-dispensing cap; recommended dilution is one drop for each ounce (or 25ml) of final rinse water in the tank.

Paterson have also introduced a range of texture screens, prepared negatives of texture patterns which are used with black and white or colour negatives during enlarging to produce a texture pattern combined with the subject. The screens are in 35mm and 2¼in sq; two sets (£1·35 per set) are available each consisting of four different patterns (Distributors: Network Technical Distributors Ltd, 335 Hendon Way, London NW4).

PRESCRIPTION SPECIALITIES

SAFAPRYN tablets

Manufacturer Pfizer Ltd, Ramsgate Road, Sandwich, Kent

Description Pink sugar-coated tablets containing acetylsalicylic acid 300mg in an enteric-coated core, surrounded by a layer containing paracetamol 250mg

Indications Long term treatment of chronic painful conditions such as osteo-arthritis, rheumatoid arthritis. Where mild analgesic and anti-inflammatory activity is required

Contraindications Allergy to acetylsalicylic acid or paracetamol

Dosage Transient minor pain: 1-2 tablets as a single dose repeated when necessary Chronic cinditions: 1-4 tablets three or four times a day

Notes Tablets must be swallowed whole, not crushed or broken

Packs Securitainer of 250 tablets (£1·86 trade)

Issued October 2, 1972

PROMOTIONS

New Disprin display aid

A new display aid for Disprin is a blue logo based on their packaging design. It bears the sword symbol of the Reckitt & Colman pharmaceutical division, the name Disprin and the descriptive words "soluble aspirin". The logo incorporates an adhesive strip for easy attachment to display areas (Reckitt & Colman Pharmaceutical Division, Dansom Lane, Hull HU8 7DS).

Free hairbrush offer from Roja

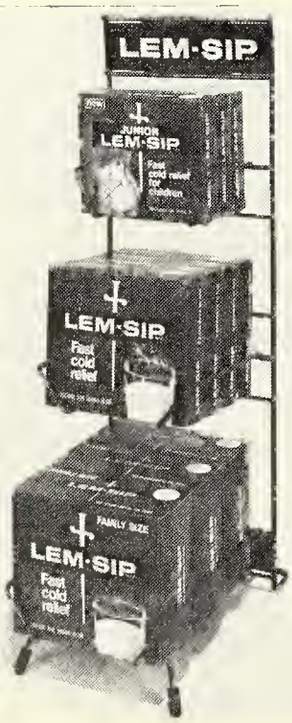
Roja are offering users of Twice as Lasting hairset a handbag-size hairbrush from September 11 by returning a leaflet from the specially prepared display material together with a proof of purchase in the form of six caps from the single application bottle. An intensive Press advertising campaign will continue to run throughout the promotion and a bonus will be in effect on Twice as Lasting orders until October 20 (Roja Laboratories UK Ltd, 30 Baker Street, London W1M 2S).

Haliborange support

The advertising campaign for Haliborange tablets commences October 9 to December 11 and again from January 8 to February 26 and will include both the national Press and women's magazines. The campaign also includes television which will consist of 30- and 15-second colour commercials on all ITV stations, screening at peak hours three times an evening. Each station will be showing at least 12 spots between October 13 and November 3 (Allen and Hanburys Ltd, London E2 6LA).

Display unit for Lem-Sip

The pharmaceutical division of Reckitt & Colman has introduced a display unit for Lem-Sip which holds three family size (10 sachets) cartons: four standard size (5 sachets) cartons and three Junior Lem-Sip (8 sachets) cartons.



And during the autumn, advertising for Lem-Sip will take place from mid-October until Christmas. Three commercials will be used: two 30-seconds, one which features Junior Lem-Sip and one 15-second commercial (Reckitt & Colman Pharmaceutical Division, Dansom Lane, Hull HU8 7DS).

Larger Remington campaign

Remington are using national Press, television and radio for their Autumn promotional programme. The advertising programme is the largest in the company's history and is more than 20 per cent larger than last year's pre-Christmas advertising campaign.

Three shaver models have been selected to spearhead individual promotions: the Remington Lektro Blade 26 shaver, the F2 Foil shaver and the new GT2 battery shaver. A regional campaign will back the F2 model and a total of 22 insertions in mass circulation publications is planned. A national press campaign allied to a Radio Luxembourg promotion will back the GT2 and altogether there will be a total of 24 insertions, directed at the young end of the market. The Lektro Blade 26 will be the subject of a 30-second colour commercial which will run on all channels from the end of October right through to Christmas (Remington Electric Shaver Division, Sperry Rand Ltd, Apex Tower, 7 High Street, New Malden, Surrey).

Ronson seasonal advertising

A new style advertising campaign to be launched by Ronson for Christmas will "be bigger than ever through a wider selection of media".

Campaign highlights will be a 30-second nationwide television commercial for Escort hairdryers which uses a "come dancing" theme with a specially written Ronson tango. Press support for the Rio, Rapide and Escort hairdryers includes full-colour pages and half-pages in *Cosmopolitan, Look Now, Petticoat* and *Woman's Own.*

Advertising for the Ronson electric shavers will appear in national papers such as the *Sunday Express, Sunday Times* and *Observer* colour magazines and *Daily Mail.* The campaign for the automatic toothbrush will run during November and December in the *Sunday Times, Observer, Guardian* newspapers and *She* (Ronson Products Ltd, Randalls Road, Leatherhead, Surrey).

Jewellery to be won

Jewellery amounting to £1,000 designed to the winner's own specifications is the first prize in L'Oreal's Elnett Satin consumer competition commencing on September 11. Second prize is £500 worth of jewellery and there will be 25 consolation prizes each worth £100 of jewellery all made to the winners' requirements.

Entry will be by leaflets available from specially prepared Elnett Satin display material and entrants will be asked to name five gems from a group of seven correctly, photographs of which will be shown in each entry leaflet. A slogan must be completed and each entry must be accompanied by an Elnett Satin guarantee seal or button activator in the case of the 75g size.

The first prize winner earns a cash prize of £100 for the chemists where she obtained her entry leaflet, second prize wins £50 and each consolation prize winner earns the chemist £10.

A free goods bonus will apply on orders of the 130g and 245g sizes until October 20 (L'Oreal, 18 Bruton Street, London W1A 1BX).

Sweepstake from Lux

The launch of the new Lux beauty soap from Lever Brothers is being backed by a quarter of a million pound advertising campaign which includes television starting with nightly 30-second spots for an 11-week period.

Leaflets announce the improvements to Lux and each leaflet has a 'lucky Lux sweepstake' number written on it. Holders of the lucky numbers will be able to win £20,000 in prize money and there will be two prizes of £5,000 and 1,000 of £10. There will also be money-off recommended price offers, 2½p off large and 1½p off the small (Lever Brothers, Ltd, Lever House, 21 New Fetter Lane, London EC4).

Gift stamp scheme

Gift stamps for retailers is the theme of Richardson-Merrell's newly announced Winter trade programme. The specially designed stamps will be awarded on a points basis linked to a counter merchandiser carrying the full range of Vick Winter cold products.

Each Vick product carries a weighting on which stamps will be awarded according to the items on display when the company's representatives call. Heading the brand assault and carrying the biggest stamps loading is Sinex, which this season goes national after a successful Lancashire test market last year.

Gift catalogues and stamp savings books are being distributed and the stamps will be redeemed for gifts at the end of the Winter selling period (Richardson-Merrell Ltd, 20 Savile Row, London W1).

Dad's Army board game offer

Wander Limited, the Ovaltine company, have signed up with *Dad's Army* of television fame for an Autumn promotion in the form of a special offer board game "On Patrol with Dad's Army".

Primarily designed for children in the 8-12 age group and families, the game features the major characters and incidents typical of the television series and can be played by 2-6 players. The full-colour board with six different coloured counters and dice will be available in a presentation box for £1·40.

This game, however, will be available to purchasers of the Ovaltine range of products for a minimum price of £0·80 by collecting special paper tokens of six Dad's Army characters packed inside the tins. Each token has a nominal value of 10p off the price of the game and in the case of the 1lb packs of Ovaltine and Chocolate-Time Extra there is a double token with a value of £0·20. The consumer is entitled to collect up to six single

tokens or three double tokens to obtain a total maximum saving of £0·60.

Media support will be Press advertising in children's comics and a special page in the "Pictorial Supplement" (Wander Ltd, 22 Upper Grosvenor Street, London W1X 0AL).

Record success

Johnson Wax report outstanding success on their recent special free record offer with US herbal bath and US anti-perspirant. The promotion was scheduled to last for eight weeks but, say Johnsons, demand was so great that they had sold out completely after only a fortnight (Johnson Wax Ltd, Personal Care Division, Frimley Green, Camberley, Surrey).

Compact display stand

A new display stand has been prepared for Frador and Fradojel, products for the relief of mouth ulcers and sores from John Bell, Hills & Lucas.

Fradojel contains an antiseptic plus a soothing agent. It is a soft, flavoured gel product which, the makers claim, gives direct relief to any sore place in the mouth. The Frador pack contains a small bottle with applicators and the ingredients are chlorbutol as the antiseptic agent together with menthol-benzoin and prep storax for forming a "skin" over a sore place (Fassett & Johnson Ltd, distributors, 19 Radford Crescent, Billericay, Essex).

Heaviest promotion for Fiesta

A "2½p off" promotion has been launched nationally on all twin-packs of Fiesta kitchen towels which will give the consumer a saving of at least 2½p against the recommended price of 19p.

The promotion is designed to gain trial for Fiesta, brand leader in the decorated towel sector.

Headboards have been prepared in the form of a Fiesta twin-pack carrying the offer to be fixed to the top of a display of Fiesta towels. Stack cards are also available (Bowater Scott Corporation Ltd, Knightsbridge, London SW1).

ON TV NEXT WEEK

Ln = London; M = Midland; Lc = Lancashire Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Alka Seltzer: All areas
Anadin: All areas
Askit: Sc, G
Close up: All areas
Harmony hairspray: All areas
Lux soap: All except E
Macleans toothpaste: All except E
Phensic: All except CI
Reban: E
Sandrine: All except E
Silvikrin conditioner: All except E
Silvikrin hairspray: All except E
SR: All areas
Tegrin: All except So, E
Three wishes: All areas
Wella: M, Lc, Y

TRADE NEWS

Bloc Hyalin distributors

L. Landaw & Co Ltd, 95 Burns Road, Harlesden, London NW10 have obtained the distribution rights of Bloc Tyalin, styptic block (£0·34), made, since the turn of the century in France. The block, which is said to be made to a precise formula is unperfumed and the carton bears a design that reinforces the length of time the product has been accepted by the public.

Janssen ampoule markings

To simplify the task of identification of their range of injectable products, Janssen Pharmaceuticals are to introduce a system of labelling, involving a condensed style of print and colour coding.

The ampoule label colours coding to be employed, which conforms with the requirements of Dangerous Drugs Acts where applicable are: Droleptan droperidol, black; Sublimaze fentanyl, red; Thalamonal droperidol and fentanyl, black and red; Operidine phenoperidine, blue and red; Dipidolor piritramide, green and red.

A wall chart illustrating these products, their use, dosage and the method of identification, suitable for display in the anaesthetic preparation and recovery rooms can be obtained from the representatives or direct from Janssen Pharmaceuticals, Saunderton, High Wycombe, Bucks.

Pack discontinued

Boehringer Ingelheim, Isleworth House, Great West Road, Isleworth, Middx, are discontinuing Preludin Tablongets 10 when present stocks are exhausted. The 100 pack (£1·64) will still be available.

New distribution

Two new distribution centres have been opened for Benson's Hosiery Group. They are situated in Bedford and Durham and will cope with business in the home counties and the North of England, and will be serving both customers of Benson's Hosiery Ltd and South Coast Hosiery Ltd.

Rochas address

The address of Rochas Products Ltd is 27 Grosvenor Street, London W1 and not as shown by the coding in the September *C&D Quarterly Price List*. The correct address appears under "Amendments to key suppliers" in the weekly price service under the coding 1633 Rochas.

UK production of diazepam

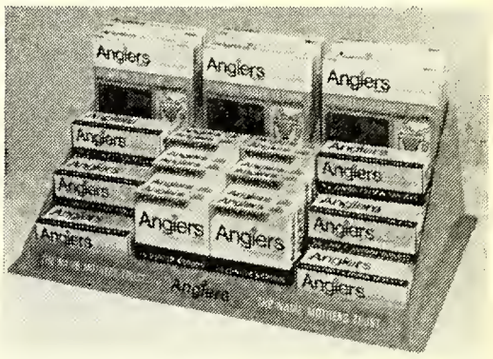
For the first time in the UK commercial scale production of diazepam is being undertaken in their own works by DDSA Pharmaceuticals Ltd. The diazepam manufactured will be incorporated into the DDSA tablet dosage forms of the drug which are to be marketed shortly in the UK. The company have for some time been manufacturing chlordiazepoxide at their Battersea works (DDSA Pharmaceuticals Ltd, 310 Old Brompton Road, London SW5 9JQ).

Savlon babycare mobile

During the next few weeks representatives for Avlex Ltd will be offering chemists a free Savlon babycare mobile which identifies stockists. The mobile is in pink and blue to match the packaging for the babycare range (Avlex Ltd, Leigh Street, Wigan, Lancs).

New pack for Angiers

A new pack for Angiers junior aspirin contains 16 of the orange-flavoured tablets. Each one is individually wrapped



in laminate. The new 16 pack also has a more modern pack design that is now also being introduced for the 50 tablets pack. A display stand is being made available to coincide with the launch (Bristol Laboratories, Stamford House, Station Road, Langley, Bucks.)

New Millophyline packs

Dales Pharmaceuticals Ltd, Barrows Lane, Steeton, Keighley, are packing Millophyline tablets, 100 and 500 in Securitainers with a re-designed label. They say that stocks of the old pack should not be returned. The former packs of 30 and 250 are now discontinued.

Farillon and Dales ethicals

Farillon Ltd, Chesham House, Chesham Close, Romford, have been appointed distributors of the ethical specialities and proprietaries of Dales Pharmaceuticals Ltd, Steeton, Keighley, Yorks. The complete range of their products is continued and can be obtained through the usual wholesale channels. Farillon also point out that from September 19 two specialities distributed by them are now exempt from purchase tax. They are Depixol injection (Lundbeck) and Nutrizym tablets (E. Merck).

Bonus offers

Approved Prescription Services Ltd, PO Box 15, Whitcliffe Road, Cleckheaton, BD19 3BX. Zanthine, 42 invoiced as 36. Hills Pharmaceuticals Ltd, Spring Bank Works, Nelson, Lancs. Hills Lozenges 14 invoiced as 12.

Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland NE24 4RG. Thicken Hair. 12 invoiced as 11 on the large economy size, code no TK400, and 96 invoiced as 72 on the phial size code no TK75/24.

LETTERS

VAT seen from abroad

May I have the hospitality of your columns to draw attention to a little of the unadulterated lunacy to which the poor British subjects will be exposed as from April 1973 as a result of the imposition of value added tax. VAT incidentally was essentially a French invention, and the French have never imposed a fair tax nor collected an unfair one. It is reported that the French are about £150m short collected on VAT during the current year, hence the huge army of recruits to assist the mobile tax squads who enter a business and just close it for examination of the books. From April 1973 you Englishmen will have a superb and efficient way to put a competitor out of business for a few days or weeks—a tip off to the Customs.

Glucose is zero rated, but products for the preparation of glucose drinks are taxed. Milk for human consumption, fresh, and milk products are zero rated. Milk products are taxable, which will render every household in the UK liable for evasion of tax.

Veterinary surgeons fees and medicaments prescribed for use among farm stock is taxable at standard rate. The business of the farmer should be registered and zero rated. Thus the farmer may reclaim his input tax applicable to veterinary surgeons' fees and veterinary medicines. A long tedious method of putting cash in the right hand trouser pocket of the Government merely to extract that same amount from the same Government trouser pocket with the aid of receipts, forms, postage, processors and computer time. The use of any of these instruments may produce errors delays and will temporarily tie up the farmers capital.

In this inflationary period VAT 73 will be adding fuel to the fire. One would have thought that medicaments supplied under a veterinary surgeon's prescription could have been treated by Customs and Excise in the same way as for medical practitioners' prescriptions.

Since the goods supplied under a prescription of a registered medical practitioner are zero rated and since a large number of drugs the pharmacist purchases may only be supplied (sold or exchanged for an EC10 or similar form) against a registered medical practitioner's prescription logic would dictate that the most sensible procedure would be to zero rate all drugs that may only be sold or supplied against a prescription. Possibly by avoiding the sensible the Customs and Excise are merely biding their time when they hope to render drugs supplied against doctors' prescriptions as taxable . . . at probably double standard rate as a penalty for being ill. The UK Government have a long record of taxing the sick and the ailing (streptomycin when first available was subject to 33⅓% purchase tax and that was applicable to NHS prescriptions).

Is it little wonder that Italy, a founder member of the Treaty of Rome has consistently refused or resisted the introduction of VAT? When, comparatively recently, Belgium introduced VAT prices spiraled, the incidence of strikes increased and the number of strikers in individual strikes increased. I suggest the adult members of the public will soon learn that VAT 69 was far superior to the 73 vintage.

Iconoclast

Representation

The report on the decision of the West Sussex Executive Council to allow a partnership of doctors to recommence dispensing for their rural patients, when in 1956 it had been decided by this Council that no change should be made in the existing arrangements, highlights the importance of a larger representation on the future area health boards.

It is obvious from this report, that the correct procedures of notifying patients of their right to have their prescriptions dispensed by the chemist were not carried out by this Executive Council.

Some months ago I applied to the local Executive Council clerk for a full rota to be implemented in this rural area. At the present time, there is a rota for four evenings each week, but no service on Wednesdays, Sundays, or holiday weekends. I live on the premises, and in consequence have had to dispense urgent prescriptions on the days not covered by the rota. I have received notice from the clerk that a decision has been made by the chairman of the Council and himself, that we can have a rota on Wednesday evenings, but we cannot have a rota for Sundays and holiday weekends. This is quite ludicrous because Sundays and holidays are the long periods without a service. But this decision regarding a most important service has been made by two officials; our two representatives had no knowledge of this decision, and obviously the rest of the Council were not consulted.

On a number of occasions I have requested the clerk and my representative to notify rural patients of their rights to have their drugs dispensed by the local chemists, but I have been refused. Rural patients should be notified by the Council that they have the choice between doctor and chemist for the dispensing of their drugs, instead the forms are sent to the doctors, and are filled in at the surgeries. When two practices became a group a year ago, all the rural patients were put onto the doctors' dispensing lists *en bloc*.

It is quite obvious that unless pharmaceutical representation on the new councils is increased, the bargaining power at Ministry level will never be effective. It is therefore, imperative that the pharmaceutical profession should have powers equal to those of the medical profession.

B. H. Shepherd,
Pocklington, York

'Patients want prescriptions'

More than 27 per cent of the British population is "very disappointed" at not receiving a prescription on visiting their family doctor reveals a National Opinion Poll survey published on September 27. This figure was 42 per cent in Scotland.

Taking two categories together, 43 per cent of Britons feel either "very" or "fairly" disappointed while 26 per cent are neither disappointed nor pleased. However, in view of the fact that nearly half the population expects a prescription on visiting a GP, doctors are probably better at withstanding this pressure than is generally recognised.

Latest figures (1969) show that the UK has about the lowest per capita sales of medicines of any major country. Sales value per person amounted to $5·5 in the UK compared with $18·1 (France), $17·7 (Japan), $15·7 (USA), $15·6 (Belgium)—the biggest spenders on medicines.

Sponsored by the Association of the British Pharmaceutical Industry, the survey investigated a range of public attitudes concerning health and pharmaceuticals. Among its findings were that the pharmaceutical industry appears to be well regarded by the nation. In reply to the question, "What do you think of the work of medicine manufacturers?" 36 per cent felt the industry was doing a very good job; 49 per cent a fairly good job; 6 per cent a fairly poor job; 1 per cent a very poor job and 5 per cent didn't know.

The importance of advances in medicines is rated most highly in Scotland (70 per cent of those questioned) and the South East (68 per cent) but less so in the North, Midlands, Wales and West (64, 61 and 59 per cent respectively).

There was no great difference in attitudes towards pharmaceuticals by class breakdowns, but medicines won a higher rating among the young who have benefitted most from the post-war revolution in pharmaceutical therapy.

In answer to the question "Which one of a selection of health workers, considering the nature of their jobs, was most poorly paid?" they replied: nurses (70 per cent), hospital porters (15 per cent), doctors (4 per cent), chemists (1 per cent), opticians and dentists (less than ½ per cent) and don't knows (8 per cent).

One of the final conclusions was that diseases causing early death are still thought of as being the major problem facing pharmaceutical research, although as "early killers" they have been virtually eliminated. And, the survey suggests, the public has not grasped the dimensions of the shift in health patterns since the 1930s; illustrated by the fact that accidents now rate as the biggest single cause of death in the under 40s. Our national preference for tackling the more dramatic killer diseases, it concluded, appears unjustified when set against the 3,000,000 Britons suffering some form of impairment by a disabling disease. This latter category, including mental illness, rheumatism and arthritis, undoubtedly exacts a greater toll in human suffering.

COMMENT

When a lease ends

Most chemists are tenants. In a way, a lease is like a life. In spite of the best medical care and the finest of modern drugs, lives terminate. So do leases—but thanks to the supernatural efforts of our legislators, leases may be (if necessary, compulsorily) renewed.

In the first place, the tenancy of business premises continues until such time as the landlord puts an end to it by serving a notice to quit in the form prescribed by the Landlord and Tenant Act 1954. This notice cannot terminate before the term set by the lease or tenancy agreement and it must in any event be for at least six months.

If a landlord forgets to serve a notice the tenant sits tight. The tenancy will continue at the old rent. " Let sleeping landlords lie " is rule one.

If one does receive a notice, then it is essential to go to a solicitor. A " counter-notice " may be served and if terms for a new tenancy cannot be agreed then application is made to the court in due time, the tenant will have enormous protection.

In most cases, business tenants are entitled to new tenancies. If a landlord wishes to obtain possession, he must (in general and in broad terms) prove one of the following circumstances:

☐ That he wants to demolish or to reconstruct the place and he cannot do so without obtaining possession;

☐ That he requires all or part of the premises for use for his own business or home; but this ground is only available if a landlord has held his interest in the premises for five years or more;

☐ That the tenant has been persistently late in paying his rent; that he has failed to keep the premises in proper repair; or that he has been guilty of some other serious breach of his obligations under the current tenancy.

Tenancy secure

There are a few other, less common, grounds—but assuming that there is no scheme for demolition or reconstruction of the premises and that the landlord cannot show that he wants to use the place for himself—and assuming that the chemist has been a good tenant—it is highly unlikely that he will be driven out at the end of the tenancy. Of course, if the rent goes up too much, it may be necessary to leave.

If tenant and landlord cannot agree on terms, the remedy then lies in the hands of the court. The judge will decide what is a fair rent, having regard to the presumed rent which the premises would fetch, if they were put on to the open market.

Happily, few cases actually reach trial. Most are settled by some compromise on the way. But the fact that the court could listen to valuers on each side; that the judge might come down heavily on the tenant's side; and the uncertainty of litigation—all these often lead landlords to come to far more reasonable arrangements than the tenant could otherwise extract from them.

If a rent is fixed which the tenant cannot afford, he is free to leave. If he goes voluntarily, then he will obtain no compensation. But if the tenant is driven out because the landlord establishes some reason unconnected with any fault—such as his wish to pull the place down— then there will be some compensation. If the tenant has been there for fourteen years or more, he will get a sum equal to twice the rateable value of the premises; if for less, then an amount equivalent to the rateable value—which might pay removal expenses!

Anyway, the 1954 Act—amended and improved by the Law of Property Act 1961—does give vital protection to chemists who are also tenants and who know of its existence. So rule two in this game is: Do not be bluffed by a landlord into giving up rights or into paying more rent than necessary. Which leads to rule three: The wise tenant knows enough property law to keep a landlord at bay—until he (the tenant) has time to consult a wise solicitor. This is not a case in which the chemist should dispense his own legal prescriptions.

Silent minority

The Pharmaceutical Society's journal last week published the Society's evidence to Sir Hugh Linstead's working party on the NHS pharmaceutical services, because " members of the Society are entitled to know what was said on their behalf ". With that sentiment we must concur, but the journal's leading article goes on to suggest that rejection of many of the Society's " fertile " proposals led to the inevitable production of a " barren " report by the working party.

But who were the working party members? Three of the eight were the then president of the Society (Mr W. M. Darling), the secretary and registrar (Mr D. F. Lewis) and a member of Council (Mr D. E. Sparshott). If the Society's evidence had such clear-cut merit, are its members not entitled to ask the whereabouts of the minority report from these "representatives"?

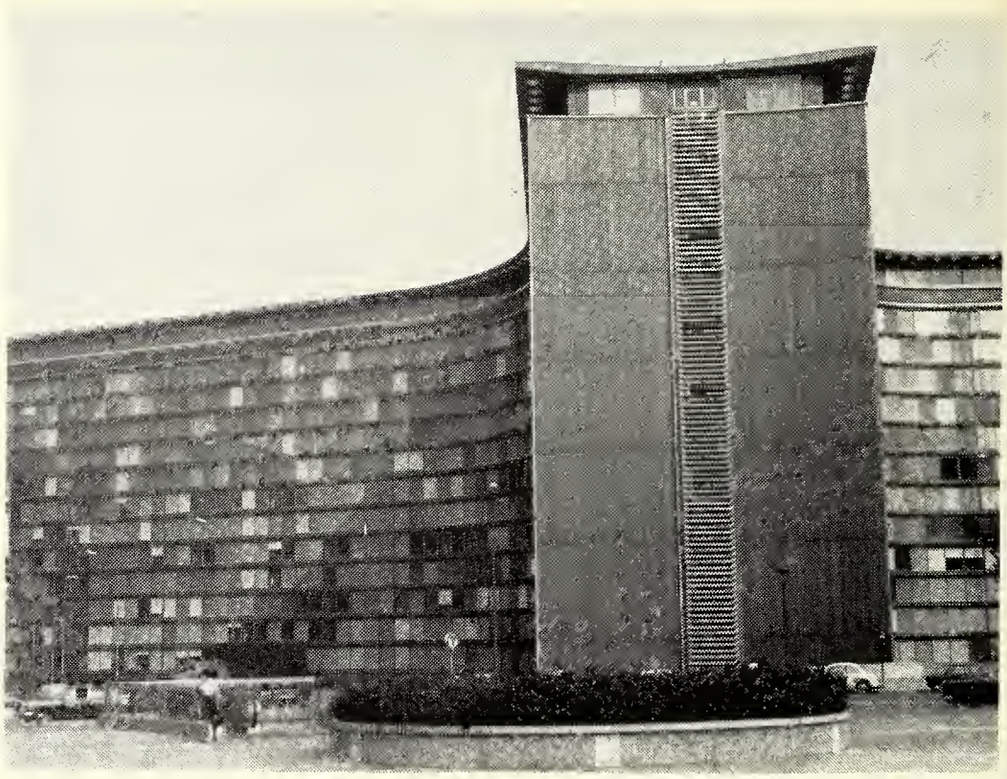
Were these three wise men not convinced of the Council's own case before they received it in the working party—or were they persuaded during discussion, and in the light of other evidence, that the proposals were impracticable or undesirable? Did they subjugate their own opinions in the interests of putting a " united " document before the Central NHS (Chemist Contractors) Committee for consideration? If so, we have a more plausible explanation for the woolly nature of the working party's report than has hitherto been advanced.

Whatever the motives, it is odd to find the Society again advancing proposals the membership might be excused for thinking had been rejected for good reasons. Perhaps the lukewarm reception the profession accorded to the report has given the Society's leaders new courage in their own convictions!

The next move is with the local pharmaceutical committee representatives. When they meet on October 8 they will have the responsibility of agreeing with the working party that little can be done to improve the contractor's lot—or showing the Society how much they value " professional " leadership.

INTO EUROPE

Problems facing the o-t-c industry



The EEC headquarters in Brussels

Britain's "liberal and pragmatic spirit" will be very much welcomed by Europe's proprietary medicines industry. The industry's problem is that while "liberalisation" is the keynote of EEC policies, for medicine makers the future holds the prospect of more and more restrictions.

One of the possible restrictions is on the sale of medicines through pharmacies only, but it is not one the industry opposes in principle. Indeed, the Belgian situation, in which the pharmacist takes full responsibility for ensuring that the medicine reaches the public in prime condition is welcomed. But in Belgium there are some 4,700 pharmacies for 10 million population, and the doctor may well sell medicines in areas without a pharmacy—a system of distribution which ensures convenient access to medicines for all members of the public.

Public interest

Compare this with Holland, however, where there are only 700 pharmacies for 12 million population. Total restriction of medicines to pharmacies under such conditions would not be in the public interest, says the industry. At present, Holland has 6,000-7,000 druggists, but the Dutch authorities are becoming more and more severe about what they can sell. For example, until 1970, sales of analgesics were completely unrestricted, but now packs must contain a maximum of 10g of active ingredient (regardless of dosage!). Similar action has just been announced in Belgium in respect of phenacetin and paracetamol.

The European industry will therefore be looking to the British Government to defend the principles of 'free distribution" established here, since they do not see the number of pharmacies in Britain anywhere near adequate to handle exclusively the distribution of over-the-counter medicines.

Pricing control is another of the industry's headaches. Many EEC countries have an arrangement like Britain's voluntary price regulation scheme for prescription medicines—but it is statutory, and o-t-c products are included. The following summary is taken from the recently published NEDO "International price comparison".

Belgium: Import prices have been related by a formula to corresponding prices in countries of origin. The present rule is that prices must be at least 6 per cent below those in the country of origin.

France: Prices are related to the cost of chemical ingredients, plus mark-ups for production, packaging and a nominal profit; but in practice profits have been inflated by the use of arbitrary costs for chemical ingredients supplied by a parent or affiliated concern.

Italy: The Government has imposed arbitrary, across the board, percentage price cuts, which have merely encouraged the introduction of duplicate higher priced products.

Germany: There are no direct price controls, although doctors are subjected to a degree of prescribing control.

In Belgium, for example, it is necessary for a company to give full details of costs in justification of the price charged. This is when the product is wholly "home-produced," but for imported products the theory is that the selling price should be related to that in the country of origin. The problems that arise from a currency revaluation, or justification of a price rise in a foreign market, can be readily contemplated. In case of currency devaluation in country of origin, prices should (following Belgian authorities) be automatically decreased in the same proportion.

Price reductions

Recently, the Belgian authorities decreed that there would be an overall 6 per cent reduction in medicines prices—a figure that could easily wipe out the manufacturer's profit on some items. This was cut back to 3-4 per cent after negotiations—but a fight through the courts is expected over the whole "common price" regulation. For the moment at least, no plans are known that would make price control of this type, EEC policy.

Country-to-country variations are hard enough on an international industry, but the variations between international groupings add a further dimension to the problems. Most attempts to control or rationalise medicines begin at the World Health Organisation. From there they go to the economic groups—the EEC and EFTA—and to the Council of Europe in Strasbourg (though this has no powers of decision, it adds its views and makes recommendations to both EEC and EFTA and member governments). Next, the recommendations are considered by the "experts" of the European economic and social committee who advise the EEC Commission. If the Commission approves, they go to the Council of Ministers whose approval turns a recommendation into a "directive".

Varying legislation

It will be realised that passage through so many channels can cause a single WHO proposal to emerge as differing legislation in the two European economic groups—and in other countries of the world. For example, EFTA has agreed a relatively simple system of mutual recognition of manufacturer inspection—too simple, unfortunately, for the EEC.

Because of the multi-level nature of the decision-making process, the industry has had to group itself into international "lobbies" to fight for its interests at each stage. Thus the national associations (ABPI and PAGB in Britain) are represented in Europe by the Pharmaceutical Industries Association at EFTA level, and GIIP (Groupement International de l'Industrie Pharmaceutique des Pays de la Communauté Economique Européene) at EEC level.

At WHO level there is the International Federation of Pharmaceutical Manufacturers' Associations, which is recognised by WHO as a non-governmental organisation. (The "lobbying" system is part of the European set-up; even the pharmaceutical group is only recognised as representing professional interests on an international

scale.) The o-t-c manufacturers have, in addition, formed the World Federation of Proprietary Medicine Manufacturers to look after that industry's special needs.

Advertising of medicines provides a good example of the complex situation that can arise from differences of opinion between the various agencies.

The World Health Organisation has listed the criteria it feels should govern all medicines advertising. These are unquestionable criteria, such as requirements that advertising should be "fair", that there should be no unsupported claims, etc, for medicines.

But the Council of Europe has made a partial agreement on more elaborate control of advertising to the public. It is drafting a classification of medicines distribution (prescription only, etc) and there is at present a proposal that some important o-t-c substances should be restricted. One of these is phenacetin which, although almost totally excluded voluntarily by British manufacturers, is a major ingredient in some leading continental proprietaries. Unfortunately for the industry, the Council of Europe discussions are secret—and there is no opportunity to put forward a case.

Self-medication ban

At EEC level, there is a draft directive relating to labelling, advertising, etc, but among them is an article forbidding all advertising which recommends self-medication. Not surprisingly, the proprietaries industry is fighting against this one with all its energy! There is also a list of illnesses and their symptoms for which no advertising of treatments would be allowed. This includes influenza! Again, the industry hopes to see some amendment forthcoming, or at least a sensible "interpretation".

In general, the industry believes it has been fairly successful in curbing the activities of its own advertising black sheep through voluntary controls. The Belgian system is that a committee formed from the industry, the advertising agencies and the media criticises any published advertisement that does not conform to the required standards—if the advertiser does not comply, agencies will not act for him and media will not accept his copy. Direct-mail that does not comply is referred to the Ministry of Health for action.

In Britain, of course, similar functions are carried out by the PAGB—which vets members' advertising *before* it appears.

Although the EEC has been in existence since 1957, "only one directive has so far been agreed by the Council of Ministers—and that is in the most general of terms, relating to the harmonisation principle for legislative, statutory and administrative provisions for the registration and labelling of pharmaceutical specialities.

The other main directives affecting the industry which are still under discussion are:—

- ☐ registration with Ministry of Health branded medicines;
- ☐ control of production; control of production units;
- ☐ mutual recognition of registration;
- ☐ harmonisation of the list of substances that may be added to branded pharmaceuticals for colouring;
- ☐ harmonisation of legislation on pharmaceutical advertising;
- ☐ free establishment of industrial units;
- ☐ recognition of scientific diplomas; free establishment of wholesalers within the member states;
- ☐ harmonisation of legislation on dietary foods;
- ☐ harmonisation of member states' legislation on analytical pharmaco-toxicological and clinical standards for assays of branded pharmaceuticals.

The prospect of final harmonisation of standards, controls, product recognition, etc, is still a long way off. But it is a prospect that will have many advantages for the industry—provided that the rules do not prevent its efficient operation. It is here that Europe looks to Britain to bring an element of common sense into the discussions.

EUROPEAN PROFILE

Back to nature

Look at the stock range of almost any continental pharmacy—and you will inevitably realise that many of the medicines are of botanical origin. Senna, cascara, rhubarb, of course, but also dandelion, turmeric, grindelia, primrose, coltsfoot and willow among the ingredients.

These products are not on the shelves because the continental pharmacist refuses to part with his pharmacognostical specimens, but because "schools" of medicines are still teaching the use of "natural" substances in the treatment of disease—and who is to say that the pendulum is not again swinging their way?

The importance of this sector of the medicines market can be judged from the fact that the Nattermann Group, a manufacturer specialising in products of plant origin, occupies eighth position in the pharmaceutical industry of the German Federal Republic. Its turnover stands at more than £25 million; it has a staff of over 2,000, and it is in the middle of a £25m rebuilding programme.

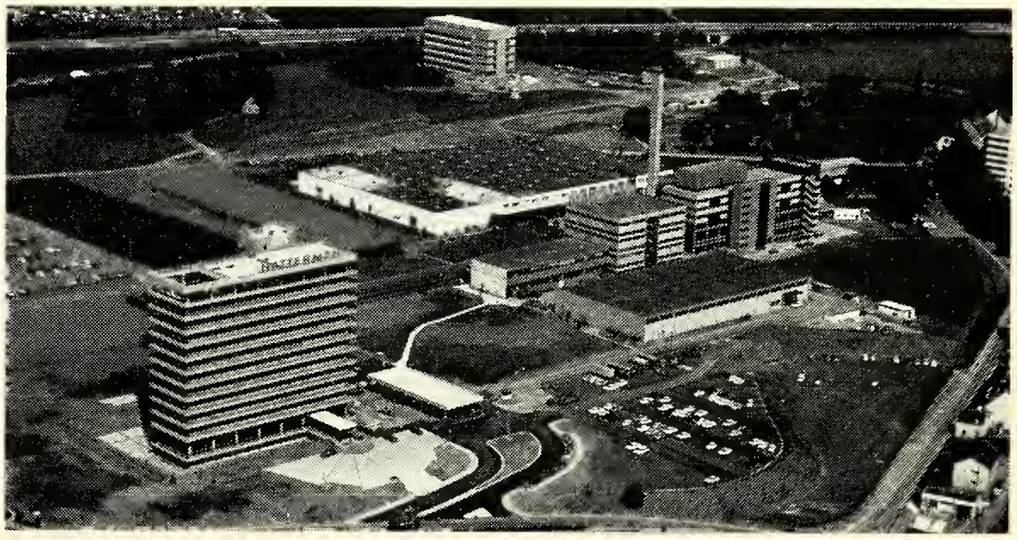
The new Nattermann complex at Bocklemünd, on the outskirts of Cologne, includes a raw materials store housing some 160 different crude drugs with a combined gross weight of over 1,000 tons. In part, this is accounted for by the company's range of medicinal tea products, but plant extracts are also very much to the fore in the prescription and counter specialities.

The Nattermann Group believes strongly that many plants used by tradition hold secrets of value to modern medicine, and some 12 per cent of their turnover is being ploughed back into research. It is no coincidence that among the first buildings to become operative at the new site are those devoted to pharmaceutical, pharmacological, toxicological and clinical research. In addition there is a special laboratory concerned with "phytotesting"—in which the most advanced analytical techniques are being applied to plant chemistry. For example, one of the problems currently being studied is the effect of herbicide and pesticide residues—remembering that the limits applied by law to foodstuffs do not usually apply to medicinal plants! More than 130 employees are engaged in research.

Nattermann began in 1906 as a partnership between Rudolf Lappe, a drugs wholesaler, and August Nattermann, a pharmacist. Their proprietary remedies were sold under the Dr Schieffer trademark, and it is this name that British pharmacists will recognise as the makers of Biovital. Further introductions to the UK market are planned, and an announcement of the first of these is expected early in 1973.

Unusually for a company of this size with international ramifications, the Nattermann Group is still a family business, being headed by Dr Rolf Lappe, a member of the second generation of the founding family.

An aerial view of the Group's facilities at Bocklemünd, Cologne



FROM APOTHECARY TO PHARMACIST
The Principalities

by T. D. Whittet, Hon DSc, BSc, PhD, FPS, FRIC, DBA

There are three principalities a miniature republic and one ecclesiastical state in Europe Andorra, Liechtenstein, Monaco, San Marino and the Vatican City.

Andorra

Andorra, with an area of 175 sq miles and a population of 10,000, is the sole survivor of many former independent states in the Pyranees, beween France and Spain. It owes its survival as an independent state to a quarrel as to its ownership between the Count de Foix and the Bishop of Seo de Urgel which was settled in about 1780 by making them joint overlords. Since then Andorra has been an independent state subject to the feudal suzerainty of the Bishop and the President of France (who took over the rights of the Count de Foix). The main language is Catalan but Spanish and French are also used.

As might be expected, the titles 'Farmacia" and 'pharmacie" are both used, some showing one or other on their facades and others using both. The titles "farmaceutico" and "pharmacien" are also used. Unfortunately I have not been able to obtain any information on the history of pharmacy in Andorra but it seems probable that the titles "botica", "boticario", "opothicairerie" and "apothicaire" were used in the past. Drug stores of the British type exist in Andorra, known as "drogueria" or 'droguerie".

Liechtenstein

This country of 60 sq miles and a population of 10,000 lies between Austria and Switzerland. It is a democracy with a hereditary prince and is closely associated with Switzerland. Its language is German and the titles "apotheker" for the pharmacist and "apotheke" for the pharmacy. Drug stores of the British type known as "drogeria" exist in Liechtenstein.

Monaco

Monaco has a territory of only eight sq miles—but a population of 30,000. It is on the Mediterranean surrounded by French territory and is a few miles from the Italian border. It also has a hereditary prince. Its language is French and the titles "pharmacie" for the pharmacy, and "pharmacien" for the pharmacist, are used. Since Monaco has always been greatly influenced by French traditions it appears likely that the same changes from "apothicairerie" and "apothicaire" have been made. Drug stores of the British type exist in Monaco and are known as "droguerie".

San Marino

San Marino is situated on a high rock in the Apennines near Rimini and is entirely surrounded by Italian territory. It has an area of only 38 square miles and a population of 15,000. It is a republic governed by two regents who hold office for only six months. The language of the country is Italian and the Italian titles of "farmacista" for the pharmacist and "farmacia" for the pharmacy are in use. Presumably fashion has followed that of Italy and the succession of title from "apotheca", "aromatarius", and "speziale" and their derivatives were formerly used. There are three pharmacies in the state and they belong to the Instituto di Sicurezza Sociale (State Institute for Social Security). Drug stores of the British type exist and are known as "drogheria".

Vatican City

This ecclesiastical state in the heart of Rome has an area of only one square mile and a population of about 1,000. It is all that remains of the Papal States which once covered 16,000 square miles.

There is one official pharmacy in the Vatican City known as the "farmacia vaticana". It is staffed by the Hospitaller brothers of St John of God, a nursing order founded over 400 years ago.

In 1874 two brothers of the order were invited to the Vatican to run a small internal pharmacy, and act as infirmarians to the Pope and Cardinals. The pharmacy changed its location several times and, since 1929, after the creation of the State of Vatican City, has remained in its present position in the "shopping centre" there. In 1953, a Vatican Health Scheme came into being for the dependents of the state and the prescriptions of the doctors and specialists of the out-patients department are dispensed in the pharmacy. The titles "farmacia" and "farmacista" have always been used in Vatican City.

The brothers in the pharmacy are of different nationalities, keeping up a tradition of long standing. Since 1955 the head pharmacist has been an Australian.

I am grateful to Dr R. Capasso, chemist inspector, Ministry of Health, Rome, for information on pharmacy in San Marino and in the Vatican City.

The Schloss Apotheke, Naduz, Leichtenstein

KEELE CONFERENCE SCIENCE SESSIONS

A new preservative?

R. M. E. Richards, R. J. McBride and Margaret Gunn, of Heriot-Watt University, suggested the use of hydrocinnamyl alcohol (3-phenylpropanol) in combination with traditional preservatives, such as chloroform water, for the preservation of liquid preparations intended for oral use.

Studies with *Pseudomonas aeruginosa*, *Escherichia coli* and *Staphylococcus aureus* indicated that hydrocinnamyl alcohol has considerable potential.

It is cheap and readily available, and has a pleasant cinnamon-like odour and taste. No information was given on its compatability with pharmaceutical substances and its possible adsorption in suspensions has not yet been fully studied.

In another paper from the same group, the formulation of suphacetamide eye drops BPC is criticised because of the slowness with which the official preparation regains sterility after contamination with *Pseudomonas aeruginosa*. The authors recommend the use of 0·05 per cent chlorocresol in combination with 0·4 per cent phenylethyl alcohol and 0·05 per cent EDTA, but preferably without the inclusion of sodium metabisulphite.

Further work is necessary on both the oxidative and the microbiological aspects of preservation of those eye drops.

A. J. Grace, Glaxo Laboratories Ltd, has investigated inter-batch variation of white soft paraffin within two particular grades. He employed a Ferranti Shirley continuous shear viscometer.

He found variations within a grade can be large and that, in extreme cases, this may be significant in terms of textural parameters.

Although rate of cooling was shown to alter a batch's properties the differences reported were said to be due not to the thermal history of the materials but to differences in batch compositions.

The new topical vehicle FAPG base (consisting of a mixture of propylene glycol, stearyl alcohol, polyethylene glycol and glycerin) has been investigated between 25° and 37°C by B. W. Barry, Portsmouth.

He found the base possessed suitable rheological properties for a dermatological vehicle.

The above report was omitted last week.

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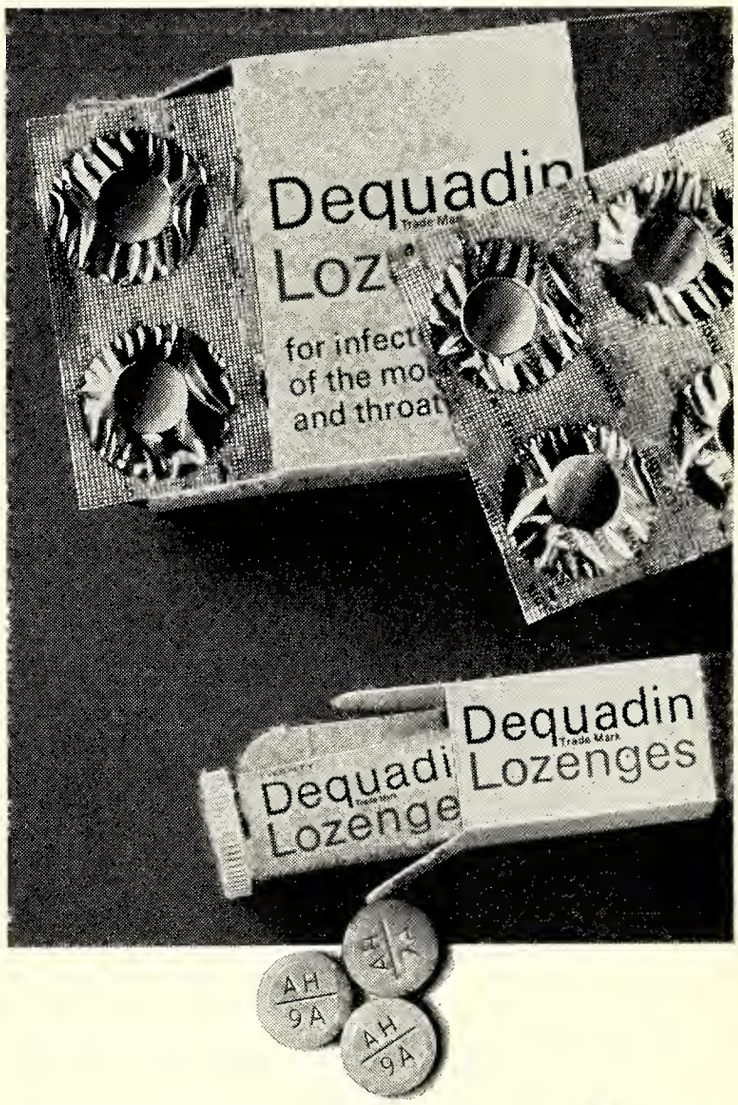

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PROFESSIONAL NEWS

Pharmaceutical Society of Ireland

Twelve pharmacists to be appointed fellows

The Council of the Pharmaceutical Society of Ireland has decided to award the Fellowship of the Society to twelve pharmacists for their contributions to the advancement of the profession.

The decision, announced at the Society's September meeting, was made on the recommendation of a special committee.

The president, Mr R. J. Power, announced that the fellows-elect would be conferred in the near future at a formal ceremony in the College of Pharmacy. He said that each recipient had enhanced the status of pharmacy in a special way and it was fitting that they should receive some "tangible recognition of their services".

The new Fellows-designate are: Mesdames Johanna P. D'Arcy and Marguerite Toomey, Sister Mary Berchmans Roche and Messrs Philip Brady, Maurice L. Cashman, James G. Coleman, Hugh P. Corrigan, Alexander Herriott, Thomas R. Miller, Christopher S. O'Connor, Richard Purcell and Richard F. Timoney.

Welcoming Mr James F. Brady to his first Council meeting since his co-option the president said he was aware that he had contributed considerably to the progress of pharmacy in the North-Western region and he looked forward with interest to his contributions at Council level.

General regret was expressed when the president stated that he had received a letter from Mr Timothy M. O'Malley resigning from the Council because of his inability to attend the meetings.

Mr O'Malley in the course of his letter stated: "After consideration for the past few weeks I have finally decided that I shall not be in a position to let my name go forward for re-election to the Council for another term of office. Due to family and business commitments I find I cannot devote sufficient time to Council work, and hence I would prefer to yield my place on the Council to somebody who would be in a position to give more time to the many and varied problems which will occupy the Council for the next few years."

The letter went on: "With (a), the advent of the new Health Scheme in October; (b), a proposed series of post-graduate lectures in this area and (c), the formation of the new Union, I believe that an increased work-load will fall on the committees of the Regional Pharmaceutical Associations."

The president said that Mr O'Malley's letter indicated the loyalty which he had for pharmacy. He was glad he would still contribute at area level and that he would not be severing his connection with his colleagues.

A letter from the Mid-Western Pharmacists' Association suggested that monthly meetings of Council should be held on Sundays in future as rural pharmacists found it almost impossible to attend on week days.

Mr Eric Burrell said that while he sympathised with the reasons stated in the letter he did not think holding the meetings on Sundays would solve the difficulty. "The suggestion would not meet with any support from Dublin members who were already over-burdened with the work of the various sub-committees."

Mr Tom Guckian said the danger was that unless a solution was found people from country areas who had much to contribute would be discouraged from going forward for election. He thought if Council meetings were changed from 2 pm to 7 pm it might meet the situation.

Work strain

The president said the amount of committee work at present was taxing members to the limit and the situation had now reached the stage where he was concerned about the strain being placed on members. Even in the case of the monthly meeting the volume of work was growing and while he was glad to see members contributing he would not like to see the work of Council and the work involved at committee level interfering too much with the home life of members.

Mr Semple felt that the position would not be solved until the new Union came into operation. He agreed that many potential Council members were not coming forward because they could not afford to attend meetings. At present the work of the sub-committees fell almost entirely on the twelve Dublin members of Council. A solution would have to be found because problems were piling up and the situation could not be allowed to continue.

The president said he was more than concerned with the volume of work which was increasing all the time. He suggested that the incoming Council in October might examine the whole problem as a matter or urgency not only to enable members to operate with the minimum of strain but to encourage and assist potential members who would not be deterred from seeking office through the inconvenience which the present system imposed.

It was agreed that the incoming Council should examine the situation.

The president announced that a joint delegation from the Council and the Irish Drug Association would be attending the EEC Group meeting in London in October. They would meet representatives of the Association before the meeting to discuss matters of mutual interest so that a uniform approach could be agreed on.

Mr Corrigan and Mr Butler were appointed scrutineers of the ballot. Seven outgoing members of Council, whose term of office expires, are elegible for re-election.

A review of recent activities by the Joint Health Negotiating Committee was given by Dr Boles who said they had written to the Department of Health in relation to the payment sheets being used in connection with the operation of the Health Scheme, pointing out that they were difficult to interpret.

They had raised a number of relatively small but very important matters in relation to the smooth operation of the scheme. Officials of the Department had undertaken that they would address meetings in the various regions where the scheme was due to come into operation in October.

The president said it was essential for the smooth operation of the scheme that talks be held at local level between the pharmacists and doctors.

A meeting is being sought with the Minister for Education with a view to obtaining an increased grant for pharmaceutical education.

This was announced by the president when he said it was hoped to discuss the Society's financial situation and the difficulties encountered in subsidising education. The present grant from the Department of Education merely covered the salaries of the staff. Apart from financial problems in relation to education, the Council had recently appointed a committee which would represent Irish pharmacy in negotiating with its counterparts in Europe. This would involve an annual subscription to the particular European Group in addition to the travelling expenses of delegates.

The registrar announced that the Society intended to take part in the RDS Science exhibition at Ballsbridge, Dublin, next February, when a stand would be arranged pointing out the attractiveness of pharmacy as a career for children.

Tralee bookings

A letter from Mr E. Kennelly, Tralee, conveyed his apologies for being unable to attend and reported that bookings for the Pharmacy Congress next month had exceeded expectations. To date 220 had booked into the Mount Brandon hotel and the management had arranged other accommodation for the overflow.

The registrar said that the bookings were very representative and included a number from England. It was gratifying to see an Irish Pharmacy Congress heading for the 300 mark.

Mr W. J. Butler, chairman, Practice of Pharmacy Committee, reported that the committee had discussed the proposed VAT due to come into operation in November and said it appeared that the Government had copied, to some degree, the British Government's definition of a medicine. The Department was insisting that all invoices received from whole-

salers and manufacturers should be retained for six years. Physically, this would impose an impossible burden on pharmacists and he suggested that pharmacists approach local trade organisations in an effort to have this matter altered.

The registrar reported that the president had written to the Minister for Finance on August 25 last in the following terms: "I am very concerned that the application of VAT will adversely affect the professional functions of pharmaceutical chemists 'keeping open shop for the compounding and dispensing of prescriptions and the sale of poisons'.

"These activities require, *inter alia*, the recording of transactions and the retaining of documents on a very extensive scale. Records and documents must also be filed and made available for inspection by inspectors appointed by the Minister for Health and the Pharmaceutical Society of Ireland. Further documentation will be demanded when the re-organised Health services are fully operative. Apart from statutory obligations, pharmaceutical chemists have an ethical duty to protect the public from excessive self-medication and the dangers of drug misuse, and generally to exercise a watch-dog function in all aspects of the quality and safety of drugs and medicines.

No reward

"These activities are tedious and time-consuming and frequently misunderstood by the public. They do not confer any economic reward on pharmacists. Most pharmacies are small, owner-managed businesses. I am worried that the additional clerical work involved in VAT will prejudice the ability of our members to perform their primary function in a satisfactory manner. When you become aware of difficulties peculiar to pharmacies you will, no doubt, find it possible to evolve a scheme involving the co-operation of wholesalers and manufacturers (as has been done for opticians and others) which would relieve pharmacists from additional accounting procedures without impinging on the principles of sales tax and which would not be detrimental to the revenue.

The letter added: "The Pharmaceutical Society is not concerned with commercial matters, but in my personal capacity I would be prepared to assist in the establishment of an informal working party, with officers of your Department, to ascertain the best means of finding a satisfactory solution."

The registrar stated that he had received the following reply: "I am directed by the Minister for Finance to thank you for your letter. Problems arising out of the application of VAT are appropriate for consideration by the Revenue Commissioners who will give every possible assistance. Your letter has accordingly been referred to them and they will be in touch with you directly about the matter."

When Mr Burrell reported that to-date his appeal for subscriptions to enable an economic survey of pharmacy to be carried out had amounted to £460, Mr Shannon said he could only state that he was depressed by this disappointing response.

Mr Miller thought the appeal had not been sufficiently publicised and said that to-date only pharmacists in the Eastern region had been circularised.

Mr Burrell agreed that this was so.

The following changes of address were noted: Mrs Margaret Cox, LPSI, to 56 Tritonville Road, Sandymount, Dublin 4. Mrs Mary W. Hayes, LPSI to "Brookvale," Farnham Road, Cavan. Mrs Esther O'Connor, LPSI, to "Diogenes Rest," Bishop's Cross, Tullow, co Carlow. Miss Winifred Ryan, MPSI, to 67 Mobhi Road, Glasnevin, Dublin 9. Mr Patrick Hogan, MPSI, to 17 Arbutus Avenue, Renmore, Galway. Mr Fintan Molloy, MPSI, to "Drumcorran," Newtown, Celbridge, co Kildare. Mr Austin O'Malley, MPSI, to 33 Elmhurst Road, Gladstone Park, Tullamanine, Melbourne, Australia. Mr Desmond O'Connell, LPSI to Cavan Street, Oldcastle, co Meath. Mr Henry Sheridan MPSI to 13 Pilkington Terrace, Sligo.

Mrs Angela Murtagh (née Clarke), LPSI and Mrs Joan Bohan (née Heaney), asst, were restored to the Registers.

Mrs Margaret Cox (née Connolly), LPSI, was granted a change of name in the Register having submitted her marriage certificate.

Nominated to membership were Mrs Lucy Kelly, LPSI, The Mall, Tralee, and Mr Thomas Wickham, LPSI, Evora Park, Howth.

Elected to membership: Mary Brennan, Michael Costello, Patrick J. Crowley, Dermot P. T. Moran.

Pharmacist struck off for 'aggressive salesmanship'

The pharmacist controlling a pharmacy chain in Cheshire was found guilty of grave professional misconduct and ordered to be struck off the register when the Pharmaceutical Society's Statutory Committee met in London on Tuesday. It was alleged that he had advertised and canvassed custom for two of his branches.

Mr Jeffery Green, managing director of Kenyon Pharmacy Ltd, was told by Sir Gordon Willmer, the committee's chairman: "What all this amounts to is a display of aggressive salesmanship more appropriate to a businessman than a professional man such as a pharmacist. This is a very grave case of misconduct on the part of a pharmacist experienced to know a great deal better".

Mr Green was accused of canvassing doctors and nursing homes in September 1971, advertising in the *Altrincham Guardian* and *Northwich Guardian*, and making a door-to-door distribution of advertising leaflets in the Northwich area.

He told the Committee that when he opened the pharmacies in Northwich and Altrincham, his intention was not to advertise his professional services but to direct attention to his price-cutting on non-pharmacy goods. He wanted to compete with prices offered in cut-price toiletries shops in the Manchester area.

Mr Green said his purpose in making telephone calls to doctors and nursing homes was merely to introduce himself as a new chemist in Altrincham.

Announcing the Committee's decision, the chairman said they were not favourably impressed with Mr Green's evidence. The advertisements in both newspapers had a certain subtlety and the full-page advertisement and editorial matter in the Northwich paper was "open to the gravest possible objection.

"I cannot help thinking that the ordinary public reading that advertisement would think it was intended to mean that Mr Green was a better professional pharmacist than his rivals in Northwich."

Mr Green has three months in which to appeal against the decision.

The Committee decided to take no action against the branch manager for Kenyon Pharmacy Ltd at Northwich. He appeared as being responsible for the door-to-door distribution of leaflets and allowing his photograph and certificate of registration to appear in a newspaper advertisement. The manager said he was carrying out the instructions of his superior in allowing two girls to distribute the leaflets. As soon as he was told that the Society frowned on that sort of thing he stopped the distribution.

The chairman said there was nothing against the manager which could be described as advertising himself professionally as a pharmacist.

COMING EVENTS

Sunday, October 1

Rhanbarth de Cymru, Pharmaceutical Society, Esplanade Hotel, Porthcawl, at 2.30pm. Regional conference: "Pharmacy and the Common Market". Speaker, Mr C. C. Stevens.

Tuesday, October 3

Epsom and Sutton Branch, Pharmaceutical Society. Bourne Hall, Ewell, Surrey, at 8 pm. Speaker: Mr R. F. Priddy (Syntex Pharmaceuticals Ltd) on "Cosmetics from pharmaceuticals—A new era?"

Somerset Branch, Pharmaceutical Society, Star Hotel, Wells, at 8pm. Mr S. Bubb (a member of NPU Executive) on "VAT".

Wednesday, October 4

Woking Branch, Pharmaceutical Society, Talbot Hotel, Ripley, at 8pm. Social and buffet.

Scottish Pharmaceutical Federation, Roxburghe Hotel, Edinburgh, at 7 pm. Annual meeting. Also Mr T. P. Astill, of the National Pharmaceutical Society, on "Value Added Tax".

Thursday, October 5

Society of Cosmetic Chemists of Great Britain, Royal Society of Arts, John Adam Street, London WC2, at 6.30pm. Mr John Bromley on "Topical and ecological compatibility considerations in the development of detergents".

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Scottish report calls for standard prescribing system in hospitals

The adoption throughout Scottish hospitals of a standard system for prescribing, administering, and recording of medicines, along with the development of the ward pharmacy system is recommended in a report of a joint group appointed by the Standing Pharmaceutical, Medical and Nursing and Midwifery Advisory Committees of the Scottish Health Services Council.

Such systems would "play an important part in improving the therapeutic use of medicines in hospitals and . . . enhance the standards of patient care". The report also points out that the use of a standard system of documentation would allow computer processing of data relating to medicines administration, "and thus provide a valuable source of information for the study of all aspects of the use of medicines and of their adverse reactions".

The group was asked to study the control of medicines on the wards of hospitals in Scotland. "The vast increase in the number and variety of medicinal preparations and in the complexity of therapeutic regimes has led to increasing problems in the accurate and unambiguous prescribing of medicines by doctors and in the correct administration of the medicines by the nursing staff." The report points out that with the vast increase in medicines, the scope for error in prescribing and administering had also increased.

"The causes include bad handwriting; lack of clear instructions to staff; inadequate detail of dosage; inadequate instruction regarding timing of dosage; frequent movement of staff from one hospital to another, and the use of different names for the same medicine."

Increased safety

The group say that much had been done in Scotland to eliminate errors by using standard prescription sheets . . . "There are many advantages accruing from the use of a standardised system of prescribing and administration, the most important being increased safety resulting from staff familiarity with the layout of records. Further, a standardised system achieves a more efficient use of medicines and allows the use of processing techniques which assist in the study of the occurrence, frequency and associated features of adverse reactions to medicines, thus leading to early recognition of serious adverse effects. . . .

This allows for the formation of a medicines information system and a regular feed-back of information which can be used to investigate many aspects of the use of medicines in hospital and is of value to the prescribing clinician. It also provides stimulation and necessary data for research into the unwanted effects of medicines.

The group recommend the use of up to seven standard prescription sheets. The main sheet would contain—in addition to name of patient, age, ward number, unit number and consultant — eight sections relating to oral and parenteral medicines, diets and adverse reactions to medicines and a section for known medicine sensitivity.

Staffs are urged to print the name of medicines in capital letters and to write the dose clearly in the metric system.

The group concur with the Grosset report recommendation that no hospital should be without the services of a pharmacist. "We recommend that there should be a twenty-four-hour, seven-day-a-week on call system for pharmacists in all areas. . . . As a twenty-four-hour on-call system may not be practical in small hospitals we suggest the aim should be to have in every pharmaceutical area a twenty-four-hour service for advice and supply."

On samples the group are forthright. "We do not countenance the indiscriminate distribution of samples of medicines direct to medical or nursing staff by manufacturers or their representatives. All samples of medicines to be used in a hospital must be dispensed in the pharmacy."

The group believes that "ward pharmacist systems" play an important part in ensuring the safe supply and use of medicines.

The report is titled *Control of Medicines in Hospital Wards and Departments* (HM Stationery Office, price £0·26). The members of the group appointed in August 1970 were: A. Roxburgh, group pharmacist, Glasgow Royal Infirmary, chairman; G. Calder, group pharmacist, Aberdeen Royal Infirmary; the late G. H. Macmorran, resident secretary, Scottish Department, Pharmaceutical Society of Great Britain; J. A. Myers, group pharmacist, Edinburgh Royal Infirmary, together with Miss M. F. Cullen, lady superintendent of nurses, Edinburgh Royal Infirmary, Miss C. J. T. Gatt, departmental sister, Aberdeen Royal Infirmary, A. P. Russell, physician superintendent, Bellsdyke Hospital, Larbert, G. R. Tudhope, department of pharmacological therapeutics, Dundee University, and R. Higson and J. A. Clyde, Scottish Home and Health Department.

MARKET NEWS

Dull conditions in all sectors

London, September 27: All sectors of the market were quiet during the week resulting in prices being scarcely tested. In crude drugs Cape aloes remained firm at last week's advanced level but the Curaçao variety eased further at origin. Benzoin was offered over a greater price spread than previously, depending on quality. Cinnamon bark was sharply up at origin. Tragacanth and celery seed were also dearer. Changes were noted in Canadian senega and in hydrastis.

Shipments of senna from the port of Tuticorin during August were:

Senna	UK tons	US tons	Europe tons
leaves	10	34	637
pods	11	—	222

Forward rates for clove leaf oil, bois de rose, lemongrass and patchouli were advanced.

A United Nations expert on essential oils visiting India has suggested that India should take advantage of the expertise developed in essential oil production by the Regional Research Laboratory at Jorhat. He estimates that 100,000 additional acres would be needed to cope with the greater part of India's needs of essential oils and has urged the Government to grow essential oil plants on all unused land in tea estates. In his view, prospects exist for raising the exports of essential oils from Rs33m to Rs50m a year by 1977. He wants production of additional quantities of palmarosa, vetivert, geranium, lavender, patchouli and cedarwood.

Crude drugs

Aloes: (metric ton) Cape primes firm at £315 spot; £295 cif. Curaçao £670 spot; £700, cif.
Benzoin: BPC £40 to £42 cwt spot; £37-£40, cif.
Buchu: Spot £1·00 per lb; shipment £0·92, cif.
Camphor: BP natural powder £0·85 kg spot; £0·80, cif. Synthetic BP £0·57 kg in 500-kg lots.
Cardamoms: (Per lb cif) **Alleppy greens No 1,** £0·85; prime seeds £0·90.
Cascara: Spot £450 metric ton; no cif offers.
Cassia: Lignea, whole £640 metric ton cif.
Cherry bark: Spot £380 metric ton; £370, cif.
Chillies: Zanzibar £600 ton afloat.
Cinnamon bark: Seychelles £310 ton, cif.
Cinnamon quills: Ceylon four O's £0·27 lb, quillings £0·14 lb.
Cloves: Madagascar £1,450 metric ton, cif.
Cochineal: Tenerife black-brilliant £6·85 kg spot; £6·90, cif. Peruvian silver grey £5·80.
Cocillana: Spot £0·35 lb.
Colocynth pulp: Spot £700 metric ton.
Dandelion: Root £410 metric ton spot; £385, cif.
Ergot: Spot £3·10 kg.
Gums: Acacia: Kordofan cleaned sorts £305 metric ton spot; £280 cif. **Karaya:** No. 2 faq £22 cwt spot. **Tragacanth:** (cwt) No. 1 spot £300, No. 2 £280.
Hydrastis: Spot £2·80 lb; £2·60, cif.
Menthol: (kg) Chinese spot not quoted; shipment £6·25, cif. Brazilian spot £3·85; £3·80, cif, September-October.
Pepper: (ton) Sarawak black spot £380; £375, cif, white £630; £570, cif.
Podophyllum: Emodi £365 metric ton cif.
Seeds: (ton) **Anise:** China star £175, spot; shipment £125, cif. **Caraway:** Dutch ex wharf £390. **Celery:** Indian £340; shipment £270, cif. **Coriander:** Moroccan £80, cif. **Cumin:** Indian £300, cif. Chinese £235, cif. **Dill:** Indian, for shipment £117, cif. **Fennel:** Chinese £130 (metric ton), cif; Indian nominal. **Fenugreek:** Moroccan £69 long ton, cif. **Mustard** £60-£120 spot.
Turmeric: Madras finger £200 ton; £175, cif.

Essential oils

Bois de rose: Spot £3·65 kg; £3·55, cif.
Clove: Madagascar leaf £1·16 kg; £1·14, cif. English distilled bud £17·60. Stem £5·50 kg, cif.
Lemongrass: £2·15 kg spot; £2·00, cif.
Palmarosa: £7·50 kg spot, £7, cif.
Patchouli: Spot £6 to £7; £6 to £6·50, cif.

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BRITAIN AND EEC: London briefing

oposals for the future practice of pharcy in the enlarged European Economic mmunity are being spelled out to the ofession's leaders in the "newcomer" untries this weekend.

Meetings being held at the London headarters of the Pharmaceutical Society of eat Britain on Friday and Saturday will attended by four representatives of the *oupment Pharmaceutique*—M. Boris us (president), Dr Winters and Mr Tauer (vice-presidents) and Dr J. A. Verdt (secretary-general).

They will be explaining the significance the EEC draft directives and other docunts published on pharmacy in order to ar up any "misunderstandings." At pret, only the Treaty of Rome exists in an ficial" English version, and it is bewed in Brussels that some of the misunstandings may result from the translan of the European pharmacy texts by itish organisations. The aim of this ek's meetings is to clarify the motives d objectives of the EEC partners.

Later this month there will be a general embly in Amsterdam to bring the reining six potential member countries up date on developments during the past year. And with the misunderstandings cleared out of the way, it is hoped this week, the real business of discussing the future of European pharmacy will begin at an executive committee meeting in Brussels in November.

Represented in London this week are the Pharmaceutical Societies of Great Britain, Ireland and Northern Ireland, the National Pharmaceutical Union, and Denmark. Norway's representatives also have been invited —despite the country's decision not to join the Market.

Attending for Pharmaceutical Society of Ireland will be Mr R. J. Power (president) and Mr J. G. Coleman (registrar), with Mr J. Burke (president, Irish Drug Association). Northern Ireland representatives are Mr W. T. Hunter (president) and Mr J. Kerr.

British pharmacy and the EEC proposals —see p 510.

S restriction n paregoric

regoric is being restricted to prescripn only in America, following a request the Bureau of Narcotics and Dangerous ugs to the Food and Drug Administran.

Its misuse has occurred by evaporation d intravenous injection of the residue en up in a little water.

Commenting on the move a recent edial in the *American Journal of Pharcy* states: "Only a small percentage of armacists cannot be trusted to fulfil their ofessional obligation properly and legally d, yet instead of revoking the licence of scoundrels who are usually well known, impose still more controls on the ethical d honest."

The American journal regrets that the dinary consumer in the US will now be rced to obtain a prescription for pareric, pay more for it and possibly have ong wait in a doctor's surgery.

p for containers

emists in Scotland are to receive an HS container allowance of 1p for all escriptions dispensed on or after August The new figure has been agreed beeen the management and staff sides of mmittee "B" of the Pharmaceutical hitley Council.

Scottish birth control campaign

A new campaign is being launched this week in Scotland to alert couples to the benefit of family planning.

The campaign is being organised by the Scottish Health Education Unit (*C&D*, September 9, p 374), whose first initiative in the same field a year ago was followed by a sharp increase both in clinic attendances and condom sales.

In the 20 weeks after that campaign, sales rose by 11·1 per cent in Scotland as a whole and by 19·2 per cent in south-west Scotland, the scene of more intensive activity. In early 1972 birth rates in Scotland were eight per cent down on the previous year.

The weight of advertising this time will be stepped up in the west central area—the counties of Lanark, Renfrew, Ayr and Dunbarton.

Pharmacists in Scotland will be helping in the campaign and are being supplied with campaign posters. Two leaflets have been prepared—"The secrets of sharing" describes the different contraceptive methods and "Where to get family planning advice", prepared together with local authorities, lists every source of advice in Scotland. Press and transport advertising is also being utilised.

The campaign will be evaluated in co-operation with the Family Planning Association, members of the Scottish department of the Pharmaceutical Society, and contraceptive manufacturers.

Chemist's good August trade figures

Retail sales by chemists and photographic dealers were up 13 per cent in August compared with the same month in 1971. The Department of Trade and Industry's index was 166.

The index for independents rose by 8 per cent to 157—no indices are available for multiples and Co-operatives. The indices do not allow for NHS receipts.

NPU appoint a deputy secretary

The National Pharmaceutical Union has appointed Mr T. P. Astill, BPharm, LLB, MPS, as their deputy secretary with effect from October 1. He also becomes deputy secretary of the Chemists' Defence Association.

Before joining the NPU in August 1969 as personal assistant to Mr J. Wright, Mr Astill had had experience in retail, wholesale and manufacturing pharmacy.

After qualifying Mr Astill worked in the manufacture of tablets and sterile preparations, later joining the personnel department of Boots where he was concerned with application of the Industrial Training Act.

Since joining the NPU Mr Astill, who is 29, has been closely involved with the work of the Chemists' Defence Association and in recent months has made a special study of value added tax.

"Tim" Astill and Mr A. Medcalfe (chairman NPU) in discussion after the appointment was announced at the Ulster Chemists Association meeting

Reject Linstead report call by LPCs

Immediate moves to reject the Linstead working party's report on NHS pharmaceutical services are expected when representatives of Local Pharmaceutical Committees meet in London on Sunday.

It is understood that motions expressing various degrees of rejection or acceptance have been formulated—but they are not being announced before the meeting.

Mr Stanley Blum, chairman of Inner London Pharmaceutical Committee—which is to call for rejection of the report in its entirety—suggested that "to discuss a negative report is pathetic."

A "rush to the microphone" is thought likely when the proceedings are opened to discussion from the floor, and those opposing the report are hoping that the discussion will concentrate instead on the next moves.

Phamaceutical Committees from Bedfordshire, Buckinghamshire, Essex and Hertfordshire have given notice of their intention to call for a revised working party, including contractors from each of the Pharmaceutical Society's Regions, to re-examine the evidence already submitted and to collect new evidence.

Beecham win two more price undertakings

Two firms gave permanent undertakings in the High Court on Tuesday that they would not sell by retail at prices lower than those fixed in the current price list of Beecham Group Ltd, Enos Fruit Salts or any of the group's other proprietary medicines.

They were Ellison & Swift, Kensington, Liverpool 7, and Joal Cosmetics, Lancaster Road, Preston. Both agreed to pay towards Beecham's costs.

In a third application, Cut Price Drug Store, Bournemouth Road, Parkstone, Dorset, gave an undertaking for two weeks to give the firm time to consider whether to submit to a permanent undertaking or contest the matter.

Problem arises over insulin standardisation

Insulin is shortly to be produced in America in a standard 100 units/ml presentation. US manufacturers intend to replace 40u/ml and 80u/ml vials and syringes during a transitional period.

America and Canada are adopting the new practice to "simplify" diabetes therapy in their countries.

Aware of the change, the British Diabetic Association is at present questioning both its medical and scientific members about the situation. The Association hopes to find an answer within three months. In the past dosage mistakes have occurred due to confusion over syringe markings.

If the new presentation was introduced into the UK it would be necessary to also arrange for the availability of suitable syringes, since with a more concentrated solution doses would have to be measured more precisely. A member of the BDA staff suggested that a 50u/ml presentation might be preferable.

A spokesman for Burroughs Wellcome & Co, said that they were conscious of the problem and were looking into it.

It was a matter which required international agreement which could take some time to resolve. The British Insulin Manufacturers Association would also be considering the situation.

Association's tribute

The Western Pharmacists' Association are shortly to hold an informal dinner to celebrate the retirement of Mr Clifford Evans, FPS, after 40 years' service on the committee.

Over 80 French pharmacists were recently guests in England of Wellcome Foundation Ltd. Mr J. Caufman (centre) looking at a wax model at the Wellcome Institute of the History of Medicine. With him is Dr Yves Clement medical director of Laboratories Wellcome SA

Irish News

NI election results

Three newcomers have been elected to Council of the Pharmaceutical Societ Northern Ireland—Mr S. Moore ployee), Mr J. A. Crawford (hospital) Mrs C. O'Rourke (proprietor). Vo figures were:

G. E. McIlhagger	2
W. T. Hunter	2
T. A. Gray	2
S. Moore	2
J. A. Crawford	1
NOT ELECTED	
T. M. Glass	1
D. A. Grant	

1,120 voting papers were sent out 307 returned. Mr Glass was co-opte Council earlier this year. The other Co cil members seeking re-election successful.

Postgraduate course for the west

A course in physiology and pharmacol has been arranged in the Western Re of Ireland by the Pharmaceutical Socie Postgraduate Education Committee.

It is intended for pharmacists in c munity, hospital, or industrial practice wish to up-date their knowledge of action of drugs and to communicate effectively with members of other pro sions and the public.

The venue is St Colman's College, Cl morris, co Mayo, and the course dates a October 24-26, November 14-16, Dec ber 5-7, January 9-11, 1973, February 6-

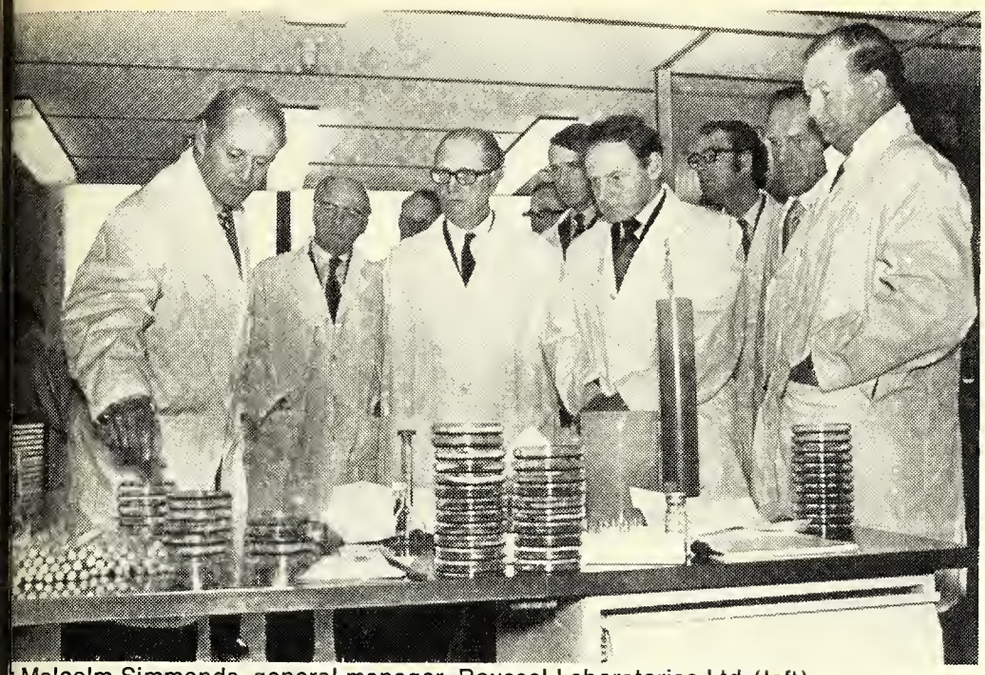
Fee for the course is £35, returnabl sufficient support is not forthcoming. tails from The Director, Postgraduate E cation Committee, The College of Ph macy, 18 Shrewsbury Road, Dublin 4.

VAT meetings arranged by IDA

The Irish Drug Association and o organisations have worked vigorously, without success, in an effort to have me cines exempted from VAT in Irela Meanwhile a number of meetings h been organised so that members co become acquainted with the ramificati of the tax which on medicines is to levied at 5·26 per cent and on other go at 16·37 per cent on November 1. next meeting is at Newpark Hotel, kenny, on October 12 at 8 pm followed one at The Inter Continental Hotel, Dub on October 17 at 8pm. Officers of Revenue Commissioners will attend b meetings.

July NHS statistics

Northern Ireland chemists and applia supplies dispensed 734,711 prescripti (472,837 forms) in July, at a total cost £724,245, an average of 98.58p per p scription.



Malcolm Simmonds, general manager, Roussel Laboratories Ltd (left) monstrating the work carried out by the microbiological department to group of visitors including the mayor of Swindon (centre)

Open house at Ortho premises for Pharma '72

sitors were able to tour Ortho Pharmatical Ltd's premises in Saunderton val-, near High Wycombe, last week. The mpany held an open day as part of ndustry Week" to celebrate its establishnt in this country 25 years ago.

Expansion of production facilities has curred at Saunderton to enable production of Ortho-Nouin, and other products, to be carried out there rather than by outside contractors.

Because hormone products are being handled "vinyl coverall space-suits, with a trailing hose carrying breathable air," are used by some of the staff. The entire area and equipment is waterproofed to enable a complete hose-down to be carried out daily.

On the packaging floor, personnel working with oral contraceptives are all women. Face masks are worn as the machines give off a fine powder, "which if inhaled would have asimilar effect to taking the pill' itself"!

The company arranges courses for pharmacy assistants to aid them in giving family planning advice to customers. The courses include information on the reproductive system, conception control and the various contraceptive methods, together with details of the company's products.

part of the national 'Industry Week' activity, Pharmax Ltd held special urs of their premises at Bexley, Kent. Local doctors, pharmacists and rses were invited and to start the week off the mayor of Bexley, uncillor Mrs B. Scott seen here being greeted by Dr A. J. Martin anaging director) toured the production department and laboratories

Local dignitaries visit Arthur H. Cox

Local dignitaries including the mayor of Brighton Alderman G. C. C. Packham—and the mayoress, Mr Andrew Bowden, MP and Mrs Bowden, and the deputy president of Brighton Chamber of Commerce and Trade, were among those invited to see the work carried out at the factory of Arthur H. Cox & Co Ltd.

Welcoming the guests at the factory, Mr A. F. Cox, chairman referred to "Pharma 72" as being an opportunity to remove some false images. The public appeared to regard the pharmaceutical industry as the playground of the millionaire. That was far from the truth. It was a complex industry, and Arthur H. Cox & Co was but a part of it. Nevertheless, Cox were currently supplying 1,300,000,000 units a year to their customers and the National Health Service, but additionally they, as well as others, were planning for the vast future they believed was ahead of the industry in Europe.

The guests were shown the various tabletting processes, quality control and packaging, and we were told of the effect of the new medicines legislation with its increasingly high standards.

Roussel and ABPI sponsor Swindon show

In conjunction with the Association of the British Pharmaceutical Industry Roussel Laboratories Ltd, sponsored a "Medicine in the 70's" exhibition at Swindon last week to coincide with the Association's "Industry Week".

A series of open days was held at the company's £3½m research and manufacturing complex in Swindon.

☐ Eli Lilly invited a group of guests from the management committees of hospitals in the Newbury, Basingstoke, Slough and Guildford areas. The guests were first shown over Lilly Research Centre, Erlwood Manor and afterwards visited the Basingstoke plant.

☐ Glaxo held a number of visits to their various plants during the week.

☐ E. R. Squibb & Sons Ltd, opened new research and development laboratories, details of which were published last week. They also organised a symposium in Liverpool on the Wednesday.

Company News

Nicholas International earnings up

Sales of Nicholas International Ltd for the year ended June 30 at 61·64m Australian dollars exceed the previous year by A$2m. Earnings at A$3·97m were up by 9·45 per cent.

Due to the re-alignment of many international currencies, especially the floating of the pound sterling which occurred just prior to the year-end, the figures do not in themselves reflect the true growth of their trading activities, states the chairman, Mr M. A. Nicholas. Sales expressed in local currencies and disregarding exchange rate movements increased to the order of 7 per cent which is double the increase shown in the accounts. Similarly, the pre-tax profit which this year amounted to A$8·18m was adversely affected to the extent of some A$350,000 due to these currency changes. On a world basis, sales of prescription medicines showed a further increase over sales in the preceding year of 17 per cent.

Cockburn acquire more pharmacies

Cockburn & Co Ltd have agreed with Caledonian Pharmaceutical Holdings Ltd to acquire from Caledonian six retail chemist shops, together with the sites for two further shops, all situated in the West of Scotland.

Consideration for the acquisition will be satisfied by the issue to Caledonian of 31,000 ordinary shares in Cockburns fully paid together with approximately £57,000 in cash on or before April 1, 1975. Up to that date Caledonian will have the option to subscribe for a maximum further 12,000 ordinary shares in Cockburns at £5 per share.

Standard Guarantee, acting for Mr P. Levinson have stated that it does not now intend to proceed with the offer for the whole of the issued ordinary share capital of Cockburns. (*C&D*, September 16, p 394).

Fisons link with Revlon in US

Fisons Ltd have granted Revlon Inc of New York exclusive distribution rights to cromolyn sodium capsules and the Spinhaler in all Central and South American countries except Mexico and Venezuela.

An agreement has also been reached whereby Fisons will acquire for approximately $3m, plus a continuing payment based on net sales, the United States trademark, distribution and patent rights to certain products currently marketed by USV Pharmaceutical Corporation, a Revlon subsidiary. These products will be marketed immediately in the US by Fisons Corporation of Bedford, Massachusetts.

Trading profit of Fisons Ltd for the six month ended June 30, was £6·25m including that from associated companies. (In the comparable 1971 period it was £4·62m.) Net profit, after tax, attributable to Iisone is £3·26m (£2·33m).

In the period reviewed pharmaceuticals, including scientific apparatus, contributed £2·13m profit from a turnover of £13·04m, compared with £1·48m and £9·89m respectively in the same period of 1971.

ICI pharmaceutical Company in Brazil

ICI has established a new subsidiary company in Brazil, to be known as ICI-Farma Ltd, to market the pharmaceuticals division's medical products in Brazil.

The company, based in Sao Paulo, represents the first investment which ICI has made for the sale of its pharmaceuticals in South America and is seen as recognition of the immense potential in the subcontinent. Initially ICI-Farma will have 79 employees, including a sales force of over 50.

Weston Pharmaceuticals

Weston Pharmaceuticals Ltd are to recommend dividends totalling 33 per cent for the year ended February 28, assuming the forecast of a "significant increase" in profits of the group as enlarged with the acqusition of Barclay & Sons Ltd is achieved. This is stated in documents relating to the bid by Weston for Bertram Griffiths.

The subsidiary, R. Weston (Chemists) Ltd, have acquired the business of Lansdale & Co, 20 Queen Square, High Wycombe, Bucks.

In brief

Mr Bernard Johnson, Barn Hill, Stamford, Lincs, has retired from the business in Red Lion Square of G. A. Johnson & Son. The new owner is Mr Alfred Dorman, MPS, who has recently been in business in Dunstable. Mr Dorman was apprenticed at the Stamford shop in 1938 but his career was interrupted by the 1939-45 war. In 1953 he married a pharmacist and three years later himself qualified as a pharmacist.

S. M. Woods Pharmacy Ltd, 29 Portland Road, Kilmarnock, Ayrshire, has been registered as a private company of chemists with capital of £100 initially. Directors are Stephen M. Woods, MPS and Joseph P. Woods, MPS.

Roure Bertsand Dupont Ltd has been formed to supply Roure products in Britain. The address is 52 Lincoln's Inn Fields, London WC2A 3LZ.

Appointments

Royal Free Hospital: Mr C. R. Hitching chief pharmacist, Northwick Park Hospit and Clinical Research Centre, Harrow, ha

been appointed group chief pharmaci Royal Free Hospital, London. He takes the new post on January 1, 1973.

Smith & Nephew Pharmaceuticals L have appointed Mr R. W. Fawcett the marketing manager.

Parke, Davis & Co have appointed Mr F. Hanson, advertising services manager.

Mennen UK Ltd: Mr G. A. Slater has bee appointed managing director. He was pr viously deputy managing director Shulton (Great Britain) Ltd and durir his 20 years within the cosmetics ar toiletries industry he has also worked wi Beecham toiletries division and Ma Factor.

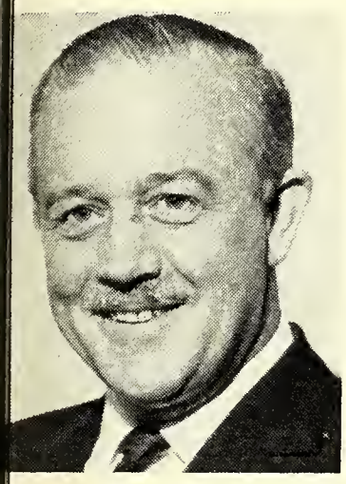
Department of Health and Social Securit Alexander Fleming House, Elephant an Castle, London SE1. Professor Dougl Black, MD, FRCP, professor of medicir at the University of Manchester, has bec appointed chief scientist to the Departmen Professor Black will join the Departmei on April 1, 1973, on long term secondmei from the University and will succeed D R. H. L. Cohen who will be retiring fro the public service on that date.

Glaxo Holdings Ltd state that their depu chairman Mr A. E. Bide, will be appoint chairman as from April 1, 1973 succession to Sir Alan Wilson who retir at the end of March. Mr F. C. D. Bac at present managing director of Glax Laboratories Ltd, and Mr J. G. N. Drewi have been appointed directors of Glax Holdings Ltd.

In addition to those appointments M I. MacKinnon, managing director Glaxo-Allenburys (Export) Ltd is succeed Mr F. C. D. Back as managin director of Glaxo Laboratories Ltd November 1.

People

r **George Robinson,** managing director Gillette Industries Ltd, has been elected airman of the Toilet Preparations deration. His term of office will cover particularly important year for the in-



ustry, for which the federation acts as okesman and co-ordinator, with the oming of the EEC and VAT. Mr Robin-n, who joined Gillette in 1946, is also vice-president of the Gillette Co.

r R. W. E. Wood, FPS, assistant direc-r of sales, May & Baker Ltd, retired from e company on September 29, after 32 ars' service. Following experience in hos-tal and retail pharmacy, Mr Wood joined e company as a medical representative d was appointed medical sales manager 1950. In 1961 he became general mana-r of Pharmaceutical Specialities (May & aker) Ltd a position he held for 10 years.

eaths

rain: Robin Henry Drain, MPS, pswich, Suffolk, whose death was reported st week (P 462) qualified in 1956. *Mr . F. Powrie writes:* The untimely death of Ir Drain comes as a shock to all who ere acquainted with him. He made many iends throughout East Anglia as a medical epresentative for Parke Davis & Co. More tely in general practice in Ipswich that rcle of friendship was widened into the ommunity which he served and deepened mong his immediate colleagues.

eddie: On September 27, Mr Robert rnott Sempill Geddie, MPS, 185 Com-ercial Street, Kirkcaldy, Fife. Mr Geddie ualified in 1928.

ing: On September 26, Mr John Monta-ue Blackburne King, MPS, 22 Cissbury venue, Findon Valley, Worthing, Sussex. Ir King qualified in 1921.

ollands: On September 23, the result of n accident, Mrs Gertrude Mary Pollands, IPS (née Duncan), 273 High Street, Burnt-sland, Fife. Mrs Pollands qualified in 1926.

Topical reflections

BY XRAYSER

Co-operation

ONE MIGHT THINK that the hospital pharmacist and his brother in general practice had a good deal in common, but I have noticed at branch meetings that there is a tendency for them to gather in their own little groups. Consequently, I welcomed the professional session at Keele where avenues of co-operation were explored.

I have experienced some of the problems which were mentioned, arising from treatment commenced in hospital and continued by the general medical practitioner on the patient's return to the outside world, and one of the most difficult is to convince the patient that a particular tablet of totally different appearance is the same medicine as was given in hospital. (The worst example I have ever encountered was one in which the hospital had issued one brand of drug and labelled it with the name of another brand.)

There is the comparatively simple one of, say, bendrofluazide, prescribed and supplied by the hospital. The medical practitioner describes it as such on the first time of writing, but on repeating he writes a brand name which may differ from that used by the pharmacist on the first occasion. That may seem to be a minor matter, but in the eyes of the patient something has gone wrong. But I have to say that I have never contacted the hospital pharmacist in vain; that I have invariably had a friendly and courteous reception, and that he has put himself to endless trouble to give assistance—and all of that should be read in the plural.

I was interested in the suggestion from Mr G. Calder that the hospital pharmaceutical service should organise a comprehensive laboratory, quality control, and information and consultative service for the general practice pharmacist, and in certain instances, also provide a special products manufacturing service. Clearly, the latter would have to be a limited list. Equally clearly, it would have to be realised that the hospitals would in fact be taking on work which was done as a matter of course by wholesale *manufacturing* firms until not very long ago, and the services would have to be paid for. One no longer turns to the wholesale house for anything of the kind, having turned in vain so often.

Limiting supplies

In his address at the opening of the Conference, Mr J. P. Kerr (president, Pharmaceutical Society) returned to the question of the large quantities of drugs in the hands of patients, reiterating that there should be a limit of one month's supply. It seems that the doctors are not in favour, but might it not be that Government policy is the main factor in the problem?

Each time there has been a change in the amount of the prescription levy, doctors have tended, whether under patient pressure or under consideration for the circumstances, to prescribe larger quantities. That has been pointed out before, and any reduction in the number of prescriptions has been more than compensated for by increasing costs.

There are dangers in large quantities of potent medicines in the home, though it is difficult to argue that 200 capsules of a barbiturate are potentially more dangerous than 50. There is more than a possibility that large numbers of capsules or tablets may diminish the respect in which they should be held, and may contribute largely to the accumulation of unused medicines. It is important that the doctor keep careful record of the frequency with which medicines are issued, regardless of quantity.

News in brief

☐ The Federal Republic of Germany has agreed to give a long-term loan of Rs 25m (£1·3m) for expansion of the state-owned Travancore Cochin Chemicals at Alwaye.

☐ The Department of Health are issuing a series of news sheets which will be published at intervals between now and April 1974. The sheets are designed to provide an up-to-date picture of events and developments on various aspects of National Health Service reorganisation for all working in or for the service.

face up puts a new complexion on sales!

This fabulous complete home facial is snapped up as soon as it appears on the counter. And no wonder! It is one of the few genuinely new products to hit the cosmetic market for years, and girls are no fools – they know a good thing when they see it.

Now we're backing Face Up with a lot more advertising in mass readership publications like:

Woman's Own, Honey, Nineteen, Candida, Look Now.

The campaign will run from September to pre-Christmas. Just the time when girls will be looking for products to make them look their best.

We've designed a new compact dispenser which will fit neatly on to the most crowded counter – and it comes ready to erect.

Let Face Up put a new complexion on your business this Christmas!

face up

A Scott & Bowne beauty care product. 50 Upper Brook Street, London, W.1.

New products and packs

:osmetics and toiletries

:loral, fruity fragrance

Moon Drops Plus is a floral fragrance from Revlon with fruity overtones. The new erfume is long-lasting because of a speci-lly high concentration of essential oil con-ent say Revlon. Packaged in a bright reen pack decorated with a golden band, Moon Drops Plus is available as Cologne lus 2oz £1·65 and 4oz £2·50, Cologne Plus ray mist 2oz £1·95, and Perfume Plus pray mist ½oz £2·95. Available early Jovember (Revlon International Corpora-on, 86 Brook Street, London W1).

'ayot range extended

ayot have launched a collection of cream e shadows which, they say, will not slip to crease lines and will not dry the licate skin around the eyes (£1·50). They e available in six shades: Vert Jaune ellow green), Vert Fonce (smokey green), leu (smokey blue), Turquoise (clear tur-oise), Chataigne (chestnut) and Beige anane (yellow beige). Also from Payot e lip contour pencils available in Rouge, range and Chataigne (chestnut). These oft pencils will draw a clear outline to the ps without stretching the skin while Chat-gne can also be used as an eyeliner and ebrow pencil (£0·65).

New shades have been added to the solites range of lipsticks and lip gloss nge. Sanaga (orange red) and Maori hestnut) are the new lipstick colours 0·75) and the latest lip gloss shades ·85) are Colorouge (ruby wine) and hataigne (Payot Ltd, 139a New Bond reet, London W1).

Hand and body lotion

protecting hand and body lotion (£0·60) s been added to the Syntex range of skin re products. This new preparation con-ins the same 'natural skin lipids' artefact hich Syntex developed for its day and ght creams; the constituents of which, y the makers, are as near as possible to e skin's natural oils (Syntex Pharma-uticals Ltd, Maidenhead, Berkshire).

Now Tawny perfume

perfume has been added to the Tawny nge of cosmetics from Outdoor Girl. escribed as a "warm, woody fragrance" is available in a handbag perfume size 0·23) and as a spray mist (£0·55) (Girl osmetics, Surbiton, Surrey).

On with the dry

illette have chosen the Midlands area to troduce their new aerosol men's hair-essing, The Dry Look. In the USA The ry Look is the brand leader. The Dry ok is available in two forms, for nor-al hair and for difficult hair, and Gillette y. . . "it signals the end of 'The Wet Head', the trademark of hair creams and oils." Pack is a 120g can (£0·30). The company says, "The heaviest-ever advertising campaign for men's aerosol hairdressing will support the launch. (Gillette Industries Ltd, Great West Road, Isleworth, Middlesex).

Bath time fantasy

Cardinelli have launched a range of bath additives packaged in the same fantasy theme as their range of Hoodwink eyelashes. The new bath products are oil bath available in a three-bath size (£0·16), 14-bath size (£0·58) and 20-bath size

(£0·80); and foam bath in a seven-bath size (£0·49) and ten-bath size (£0·60) (Cardinelli Beauty Products Ltd, 339 Green Lanes, Haringey, London N4).

Feminine hygiene

Into Sanpro again

Johnson & Johnson are re-entering the sanitary protection market after an absence of nearly eight years. This month they launched Stayfree, a minipad measuring 7½ x 2 in which is secured to the normal everyday undergarment by means of an adhesive strip. No additional fastenings are necessary. Stay-free mini-pads are to be recommended primarily for use in conjunction with tampons on heavy flow days, or on their own on light flow days.

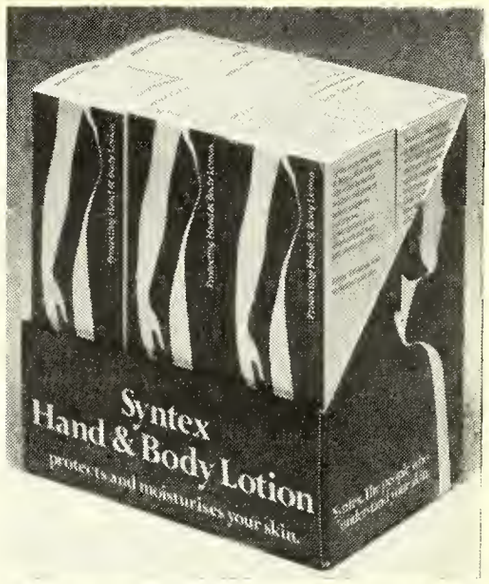
The standard box of Stayfree contains 10 mini-pads (£0.13), but initially, trial boxes containing 4 pads will also be available. A special merchandiser has been devised (Johnson & Johnson Ltd, Slough.)

Contraception

Sheath contraceptives

Select Biological Appliances, have introduced a range of sheath contraceptives under the brand name Bioform.

There are two brands, Bioform and Bioform Plus, both made to British Standard specification 3704. They have features not previously combined in any other British contraceptive, say the manufacturers. They are fully lubricated, treated with spermicide and bactericide according to IPPF



standards. Both brands are scented and made from "the thinnest possible latex."

The products are individually sealed and supplied in packs of three (£·25).

Counter display boxes containing 50 packs are available to the trade at less than £5 a box. In addition the company offer a system of cumulative and quantity discounts becoming operational on subsequent orders after an initial order has been placed. Point-of-sale display material is available and this will be supported by trade and consumer Press advertising. (Select Biological Appliances Ltd, Biological House, Duffield Bank, Derbyshire.)

Over the counter medicinal

Sparkling vitamins

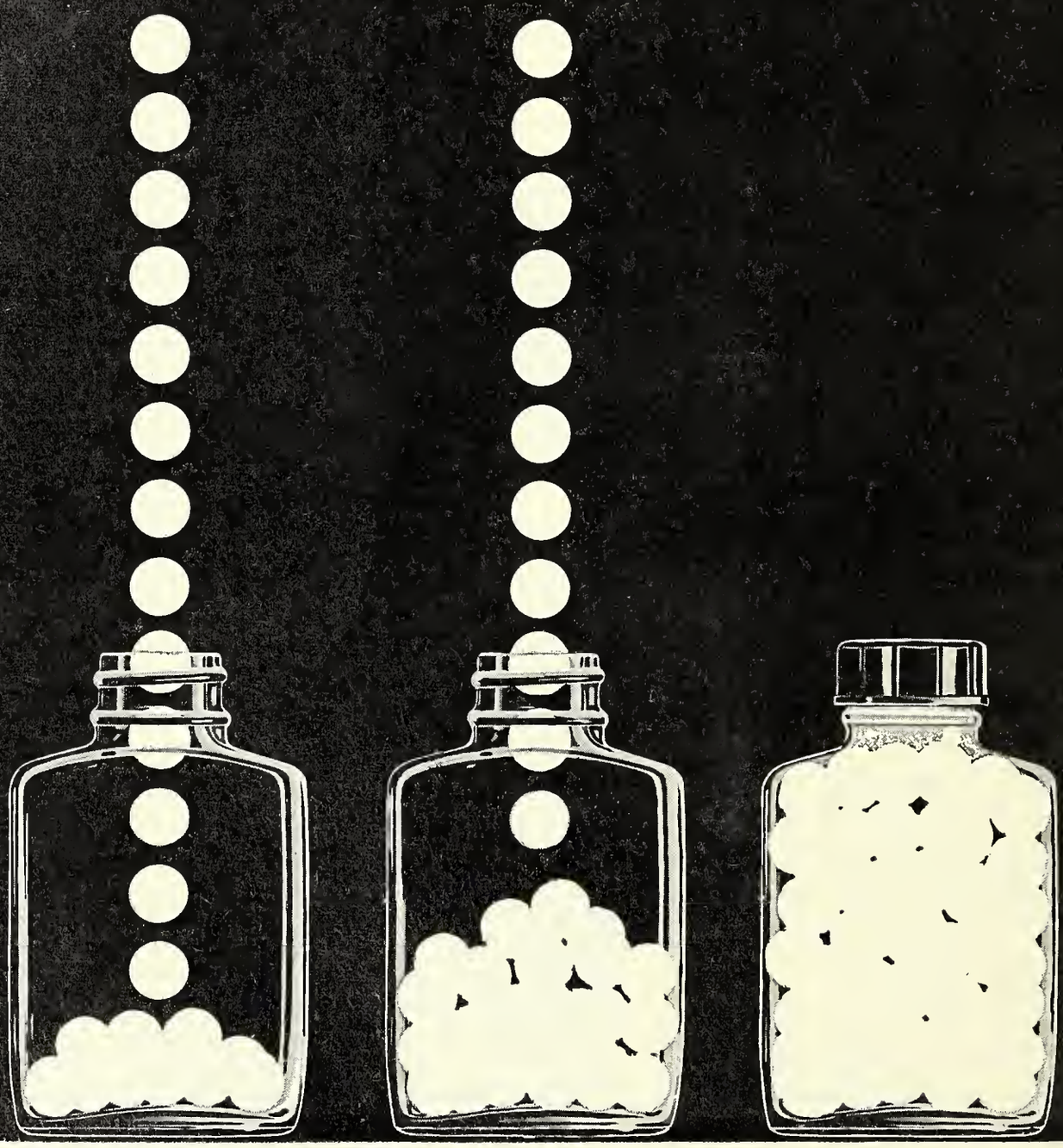
Sparkling Plenamins has been introduced as a companion to Super Plenamins. A daily vitamin supplement especially suitable for children and older people, it is presented as a sachet of powder which can be made into an effervescent drink by adding to a glass of water. Children under five should take only half a sachet daily.

Each 5-g sachet (£0·02½) contains: vitamin A 2,000 iu, vitamin B_1 2 mg, riboflavine 2 mg, vitamin B_6 0·5 mg, vitamin C 100 mg, vitamin D_2 200 iu, nicotinamide 20 mg. A 100 g tin (£0·42) is also available. (Minnesota 3M Laboratories, Morley Street, Loughborough.)

More people put tablets in glass because it contains without reacting.

More people choose Beatson glass because it's manufactured to the highest standards.

No more to add.



Beatson tablet bottles in a complete range from 1½ dram to 3½ ozs. in white flint and amber.
Ask your wholesaler

Beatson, Clark & Co. Ltd.
Rotherham, Yorks.
Tel: 0709 79141
Telex: 54329

BCW232 rb

Trade News

anasorb tablets ow in new packs

nasorb tablets are now in new packs d from this month will be advertised rect to the public. Winthrop Pharmaceu- als, Winthrop House, Surbiton, Surrey T6 4PH, have also added a new 24-tablet e (£0·25) to the existing consumer pack 12 (now £0·14).

The advertising will appear in the tional daily and Sunday Press, women's agazines and *Reader's Digest*. Point-of- le material available to chemists includes unter cards, window sticker, shelf strip, pre-pack unit of 36 × 12's and 18 × 's. Bulk packs for dispensing continue be available.

pportunities from Remington

emington are offering retailers and their ff prizes of Premium Bonds and holidays til the end of the year. The retailer will nefit at the rate of £1 worth of Bonds r every six Remington products sold up December 31. These products can come m the electric shaver, battery clock or irstyler ranges and a completed warranty rd must accompany each claim made by retailer.

The number of each Bond will then be tered into a £100 holiday draw with one liday prize offered in each of the three emington sales regions. The draw will e place on January 26.

Remington are also offering every re- ler who places a modest shaver order fore Christmas a free box of Unicef arity Christmas cards valued £0·95.

ee holiday for two

xson, Gerrard and Co, Fountain Lane, dbury, Warley, Worcs., are offering re- lers the opportunity of winning a free nter holiday for two in the Algarve, rtugal, plus £50 incidental expenses. ere are four holidays to be awarded, e for each separate area. Five consola- n awards of two bottles of wine will o be made in each area.

Tickets for participation in a draw for free holidays will be issued automa- ally with invoices dated October 1 to nuary 12 according to their value. The nners will be advised not later than nuary 31.

port on salt

w Chemical Europe has devoted the tire current issue of the company's house agazine, "Elements", to salt. The issue ebrates Dow's 75th anniversary.

The choice of subject is not without evance because Herbert Dow set up his st plant in Midland, Michigan, in 1897 ove geological strata rich in brines from ich chlorine could be extracted. Mineral ts were thus the starting point of oper- ons for a company that has flourished

to become one of the world's largest chemical concerns.

Articles in the magazine cover the different—and often fascinating—aspects of the subject starting from table salt.

The magazine will be sent to new readers on request to the Editor, *Elements*, Dow Chemical Europe SA, Alfred-Escher Strasse 82, 8027 Zurich, Switzerland.

Glassware cleaning

Decon Laboratories Ltd, Ellen Street, Portslade, Brighton BN4 1EQ, are launching Dri-Decon, a non-foaming powder surfactant for use in all laboratory glassware washing machines. They state that Decon automated washing of glassware is increasing rapidly especially in universities and hospitals where large volumes of glass need to be cleaned daily.

They say Dri-Decon is a highly effective surfactant, removing even dried proteins and silicone greases; and it rinses away completely to leave no "film" and is phosphate-free.

The new sales pack is a 4 kg polythene drum (£8·00) while 200 g free trial samples are packed in Securitainers. All machine users are invited to evaluate Dri-Decon, and a sample will be sent on request.

Now in foil

Visclair tablets by Sinclair Pharmaceuticals Ltd, Ockford Road, Godalming, Surrey, are now packaged in silver foil with the name Visclair imprinted over each pocket. The change is to facilitate identification of the tablets and the polythene/foil laminate gives an extended shelf life.

The company point out that Visclair tablets now replace Acdrile which were formerly marketed by Berk Pharmaceuticals. The product is identical in every way except in the name.

New IUD based on copper

An intra-uterine contraceptive device based on the release of copper ions, Gravigard, has been introduced by G. D. Searle & Co. Ltd, High Wycombe, Bucks.

It is believed that the main action of the copper—provided by a thin copper wire wound round a plastic device—is to prevent implantation of the fertilised ovum by interfering with the activity of carbonic anhydrase in the uterine wall. This allows the device to be much smaller than those relying on a physical "presence" in the uterus, and Gravigard may therefore be used in nulliparous women with a narrow cervical canal.

Effectiveness level is put at 1 failure per 100 woman years, and may be better than for other IUDs. The device, which costs £2, has been under trial in 30 to 40 centres throughout the world, and is currently being tested for the Family Planning Association.

Because correct insertion is important to avoid rejection of the device, Gravigard will normally be supplied direct to doctors experienced in this area; it is not expected that retail pharmacists will receive any demand.

Melleril concentrate dilution

Sandoz Products Ltd, 41 Upper Grosvenor Street, London W1X 0AL, have found evidence of incompatibilities occurring when syrup BP containing preservatives is used for dilution. Hospital pharmacists are advised to dilute this concentrate with syrup free from preservatives.

Maws-Ed Scholarship scheme

A scholarship worth £700 was presented to Miss K. M. Kerr at the national headquarters of the Health Visitors' Association in London on September 29. Known as the Maws-Ed Health Visitors Scholarship, it is presented by the nursery products firm of S. Maw Son and Sons Ltd. It is intended that the scholarship will be an annual award, open to all members of the Health Visitors' Association who submit projects which will increase the knowledge and understanding of a wide range of subjects concerning babies and mothers.

Flavour change

Sandoz Products Ltd, 41 Upper Grosvenor Street, London W1X 0AL, are issuing Sandocal effervescent tablets with an improved orange flavour. The active ingredients are unchanged.

Sweetex prices to increase

Crookes-Arestan Ltd, Box 94, 1 Thane Road West, Nottingham NG2 3AA, state that Sweetex prices will be increased from November 6 as follows (trade price in parentheses): liquid £0£18 (£1·62 doz): pellets 100 £0·07½ (£0·68 doz), 200 £0·12 (£1·08 doz), 500 £0·25 (£2·25 doz), 2,000 £0·79 (£7·11 doz); powder 4oz £0·20 (£1·80 doz).

Discontinued

Abbott Laboratories Ltd, Queenborough, Kent, announce that the existing bottle packs of Ferrogradumet will be discontinued on October 20, after which all Ferrogradumet orders will be met with the new blister packs of 30 (£0·41) and 150 (£1·50) tablets.

To end in October

Production of Brocillin 125mg tablets has ceased. No further supplies will be available from Beecham Ethical Distributors, Brentford, Middlesex, when present stocks are exhausted. In most areas wholesalers still hold sufficient packs of 125mg tablets to enable retailers to meet prescriptions in

the short term. Permission to return stocks for credit should be sought from Beecham in the normal way. Brocillin 250mg tablets and syrup 62·5mg/5ml continues to be available.

Supplies of glycerophosphates

A wide range of glycerophosphates are being offered by Chas Zimmermann & Co Ltd Dega Works, Walmgate Road, Perivale, Middlesex.

Christmas bonus

Fiona Sands Ltd, Queen's Way, Croydon, CR9 4DL, are offering a 10 per cent discount on orders that include six Christmas gift sets. Composite display units are also available to link in with advertising in the *Daily Express, Radio Times* and *Looking Good.*

Consumer offers

☐ Personal poster on-pack offer with Hold and Shine hairspray (Reckitt & Colman Toiletrics Division, Sunnydale, Derby).

Bonus offers

Fassett & Johnson, 54 Neasden Lane, London, NW10 2UL. Anti-Bi-San. 12 invoiced as 10 (Until November 30.)

H & T Kirby & Co Ltd, Mildenhall Suffolk. Kirby's orange and halibut vitamins. 14 invoiced as 12.

Pan Britannica Industries Ltd, Britannica House, Waltham Cross, Herts, a 6 per cent discount on all garden product pre-season orders received for delivery between October 1 and December 31. In addition a free Toplawn spreader worth £3·25 (retail) is to be given to all wholesalers and retailers with every twenty packs of PBI Toplawn, Velvas G or Autumn Toplawn (or a mixture of each) (until December 31).

Scholl (UK) Ltd, 182 St John Street, London EC1P 1DH. Scholl chilblain ointment. 12 invoiced as 11.

Smith & Nephew Pharmaceuticals Ltd. announce that supplies of the 4-kilo tin of Eucerin anhydrous (EA40) have now been exhausted. Stocks of the new 2 kilo size dispensing pack (list No. EA20) (£1·43) are available.

Viking Brews Ltd, 28/29 Clive Street, North Shields, Northumberland. Christmas bonus of 5 per cent on all Geordie home brew kits during October, November and December. Outer cases still packed in units of 12's.

Winthrop Pharmaceuticals, Winthrop House, Surbiton, Surrey KT6 4PH. Panasorb, 12's and 24's. 12 invoiced as 10 on minimum order of 36 in any size in units of 12 (until October 27).

Promotions

Free Libresse sample

More than four million free sample packs of Libresse sanitary towels are being distributed by Sancella Ltd to retailers as part of a consumer sampling promotion to run through October and November.

A range of in-store merchandising material has been designed to display the samples and enable the customer to take the two-towel pack.

The promotion is backed by an advertising campaign in leading magazines and a coupon worth 3p-off a full size pack of Libresse towels is available in each sample pack (Sancella Ltd, Sancella House, Harpenden, Herts.)

Kotex now in polysacks

Heralding the start of a promotion drive for sanitary protection products, Kimberly-Clark are now selling their Kotex New Freedom and Kotex feminine towel ranges in polysacks, each one containing 12 packs. And for the retailer a 12p voucher will be included in each polysack.

The promotion starts in November when four million 5p coupons, worth £200,000, appear in whole-page advertising in magazines which include *My Story, Cosmopolitan, Woman's Realm* and *True Romance.* (Kimberly-Clark Ltd, Larkfield, nr Maidstone, Kent.)

Hollister booklets

Two informative booklets, "How to live with your ileostomy" and "How to live with your colostomy" are being offered, free of charge, to pharmacists, physicians, nurses and patients.

The suppliers, Abbott Laboratories Ltd, have produced them to assist and reassure the new patient. The booklets should achieve this object and the company report that they have already been commended by doctors and surgeons who have viewed them.

"Start where you left off" is the theme of both and colostomists and ileostomisis are given guidance about things that th may be unsure of such as: the food cat; marriage, sex and children.

Details of Hollister ileostomy and colo tomy products are given (Abbott Labor tories Ltd, Queenborough, Kent).

Autumn drive for Dettol

Reckitt & Colman have announced tv on-pack promotions for Dettol medium a small sizes. The medium sized pack carri a coupon on the reverse side for a 7p- voucher against the next purchase of D tol, any size. The label on small size Det offers a babyboard, which fixes across t bath to provide for nappy changing, at special price to the consumer of £1·75.

The company have also announced lightweight plastic pack for large s Dettol which will be distributed to t trade in outers of 12 (Reckitt & Colm pharmaceutical division, Dansom La Hull HU8 7DS).

Plans for Philishave

Products from the Philishave range, i cluding the Philishave 90 Super, will featured in a television advertisi campaign starting November 6. T 30-second commercial will continue ea week until December 18. (Philips Electric Ltd, Century House, Shaftesbury Avenu London WC2).

Home brews on TV

Viking Brews Ltd, producers of Geor home brew beers, are running a televisi advertising campaign from October until October 28 on the Midlands, AT and Westward networks. And fr November 4 until November 25 the co mercial will be seen in the Westward, AT Midlands and Trident regions. (Viki Brews Ltd, 28 Clive Street, North Shiel Northumberland.)

on TV next week

Ln = London; M = Midland; Lc = Lancash Y = Yorkshire; Sc = Scotland; WW = We and West; So = South; NE = North-e A = Anglia; U = Ulster; We = Westwa B = Border; G = Grampian; E = Eirea CI = Channel Islands.

Alka-Seltzer: All areas
Anadin: All areas
Askit powders: Sc, G
Close up: All areas
Harmony hairspray: All areas
Lux soap: All except E
Macleans toothpaste: All except E
Phensic: All except CI
Reban: E
Silvikrin conditioner: All except E
Silvikrin hairspray: All except E
SR: All areas
Tegrin medicated shampoo: All exce So, E
Three Wishes: All areas
Viking brews: M, We
Wella: M, Lc, Y, Sc, WW, So, NE

Comment

AMID TRAGEDY

rrent news reports contain extensive coverage of the idents in Northern Ireland, and regrettably there m to be few evident signs of progress towards a isfactory solution. Although the internal problems of rthern Ireland were inevitably raised during private cussions, and reference was made to the number of ir colleagues who have suffered severe or minor sonal tragedies, the chemists in Northern Ireland aside those problems and overcame the difficulties order to hold a successful Ulster Chemists Asso- tion conference in Newcastle, Co Down, during last ekend (see p 510).

mily occasion

unusual feature of the conference is that the itations are not restricted to members of the sociation—in fact those concerned with the pricing prescriptions were also present.

The programme was varied and included discussions EEC, VAT and NHS remuneration, reflecting the termination of those present to look ahead to the ure and not be the least introspective in spite of the ficulties that surround them. As usual the sociation's members really put themselves out to sure their guests enjoyed themselves, for the UCA ekend is traditionally a gathering of families, and the cial programme for adults and children is just as refully prepared as are the business sessions—with fficient elasticity in timing to ensure enjoyment for , whatever age. Those who were present, and the any friends who were not, will echo the plea—for e return of peace in their land—made by Mr Creswell, esident of the Association. To those of us who are s side of the water, the degree of collaboration that still extends within the UCA and similar Northern Ireland pharmaceutical organisations confirms our grounds for hope.

In tune

So the C&D has a "new look" this week! It is three years since the newsweekly was last revamped and although small changes have been introduced since that time, we believe it is essential to stand aside and be critical of what is being done to ensure that new techniques, new ideas and even new fashions are not overlooked.

Being continually critical is, we think, an essential aspect of pharmacy—it has been the approach of the research laboratories that have urged on the modern specific medicines.

In the same way the retailer should leave his premises, cross the road, turn and then critically compare his premises with those of his competitors, for that is precisely what his customers do, albeit unconsciously. And when they finally arrive in the pharmacy they should approve all they see. Even if they do not approve—they should not find anything that causes immediate disapproval or an unfortunate comparison with others in the High Street.

The housewife, it is claimed, spends most of her time in the kitchen. This is her workplace and she updates it with modern appliances. She is susceptible to change, appreciating variety and the pharmacist should take advantage of the current trends by amending his layout, updating the lighting and making shopping as easy and as comfortable as possible. Such is the life blood of pharmacy and therefore the *C&D* is trying to make life easier and simpler for the pharmacist by updating layout and presenting his essential reading matter in an easier-to-read style.

Business Q&A

believe the Finance Act has made me change for companies paying vidends. Can you explain this ease?

vidends paid after the March 31, 1973 ll not be liable to Schedule F tax. stead, an equal sum will be payable to e Inland Revenue, but this will be lled advance corporation tax and will set off against the ultimate liability to orporation tax when this is calculated. hus the burden on companies will be ubstantially reduced.

I incur capital expenditure on new quipment for my pharmacy and pay AT can I deduct this from my VAT ability in respect of goods sold?

ou can, but if you deal in exempt items more than a very minor extent you will nly be able to deduct a proportion de- ending on the proportion of the exempt sales. The fact that the expenditure is of a capital nature is not, however, relevant.

If I wind up my business before VAT comes in, how will the Revenue deal with my closing stock?

If you sell the stock it will simply be included at the sale price in computing your profit in the final period of trading. If you retained any stock yourself this would have to be included in your profit and loss account at the value ruling at the date of disposal.

If I buy a new piece of equipment which bears VAT, do capital allowances for income tax arise on the total (i.e. including VAT) cost or the net amount?

If you obtain relief for all your VAT inputs against VAT outputs your capital allowances arise on the net amount paid. If, however, the whole of the VAT on the capital items is not recovered against VAT outputs the income tax capital allowances will arise on the total cost inclusive of the VAT not recovered.

Can you please tell me when a company has to file an annual return?

A company must file an annual return once in every calendar year. This must be made up to a date two weeks after the annual general meeting and must be filed during the following four weeks. Since accounts made up to a date not more than six months earlier than the annual general meeting must be laid before the members, it follows that the annual return must be submitted within just over seven months from that date. This time limit is extended by three months in the case of companies with overseas interests.

I am proposing to sell my pharmacy. I have several employees who have been with me some years. Do I have to pay them redundancy pay?

If the purchaser of your business agrees to continue to employ them, you may avoid liability for redundancy payments and this responsibility will pass to the new employer. If, however, you do not make suitable arrangements for their continued employment you will be liable for redundancy payments.

Professional News

Ulster Chemists' Association

VAT at retailers' expense

The Government seems determined to introduce VAT at the expense of the retailer and attempts to induce the Government to grant an allowance for purchase tax paid stocks appears to be a lost cause, said Mr T. P. Astill, at the Ulster Chemists Association annual conference at Newcastle, co Down on September 30.

Therefore, he said, the NPU were recommending that at "V" day stocks should be reduced to a minimum.

After referring to the background to the introduction of VAT, entry into Europe, rationalisation of indirect taxation, a broader tax base providing for levies on services, Mr Astill dealt with the way in which the tax was applied and defined zero rating and exemption.

Registration commences in October and those who had not received forms should apply to their local Customs & Excise officer.

There was a suggestion that the form was so complicated that five out of six would be filled in incorrectly. Mr Astill said the NPU would be issuing advice on the matter and members should wait before completing the form.

Schedule 4 of the Finance Act lists the classes of goods which will be zero-rated. Those most likely to concern chemists are the following: baby food, health food, animal feeding stuffs but *not* pet foods, books, seeds for growing food and animal feeding stuffs but *not* flower seeds, lighter fuel, paraffin (kerosene), liquid paraffin whether medicinal or not, white spirit and dispensed medicines.

Exempt goods and services are listed in Schedule 5 (spectacles and other optical goods and services, chiropody and accommodation let through the business). The "professional services" provided by retail pharmacists in the form of dispensing fees will be part of the value added and therefore taxed at the standard rate.

No general rules as to records to be kept, but should be sufficient to satisfy Customs and Excise should they query a tax return. A tax invoice must be issued whenever a registered person supplies another registered person with goods or services taxed at the standard rate. When retailers supply taxable persons they must issue an invoice showing: supplier's name and address and VAT number, date of supply, description of goods or services, amount payable (including VAT), rate of VAT in force at the time of supply. Copies need not be kept by the supplier. Zero-rated or exempt supplies must not be included in the "retailers' tax invoice".

A taxable person's tax liability will be *total* output tax minus total input tax. If positive, tax must be remitted with return form; if negative, a refund could be claimed by the retailer.

If both taxable and exempt supplies are made in a tax period, input tax must be apportioned unless exempt supplies do not amount to more than £100 per month or 5 per cent of total supplies whichever is the greater.

Mr Astill said that manufacturers would probably continue to recommend prices and tax-inclusive retail prices will almost certainly be published in the standard price lists. If space permits, the lists will also show tax-exclusive retail prices or a simple ready reckoner will be provided to enable these to be calculated.

He then dealt with the calculation of output tax. An eight-step procedure has been agreed with Customs and Excise to enable chemists to calculate their output tax (and hence their tax liability) relatively simply (see *C&D*, September 9, p. 381). Retail pharmacists unable to use that scheme will have to eliminate the value of their dispensing inputs and outputs from their figures and make use of one of the other special schemes described in Customs and Excise Notice 707.

Most chemists do their accounting on a cash basis and will therefore have to choose whether to continue using a familiar method or to keep records of invoices when they are received in order to enable them to re-claim input tax earlier.

Mrs P. Long, the recently appointed assistant to the U.C.A. secretary

The value of hire purchase and cred sale transactions must be recorded an tax accounted for separately from th special scheme.

VAT will be calculated on the di counted price whether or not a prom payment discount is earned. In the ca of "contingency discounts" or rebates th gross price is taxed and VAT adjusted b tax credit note if the discount is earned.

Tax credit notes will be supplied whe ever credit is received from manufacture and wholesalers. Space will be provided c the tax return form to record such credi

Because their tax returns are based c gross takings, retailers will not have to pa tax on bad debts.

Expertise for EEC

British pharmacists and pharmacies offer an expertise that was often as good if n better than that which was available on th Continent said Allen Aldington at the Su day afternoon session of the UCA Co ference.

Pharmacy in Britain and on the Co tinent had developed in different wa promoting the idea that Continental ph macy was more professional in charact and that the pharmacist was a better ed cated man professionally and had a bett standing that his counterpart in Britai

Attentive audience: Mr C. S. Ritchie seen on the left and now recovering from a shooting incident was given a special welcome by members

The reason for that was that pharmacy n Britain was younger in organisation han that on the Continent which had leveloped from the apothecaries, whereas n Britain the apothecaries became fully ntegrated into medical practice during the atter part of the 18th century and the arly part of the 19th century.

The education of the British pharmacist vas parallel to some of those on the Conlinent and superior to some, "and in my iew his 'standing' is equally good locally", aid Mr Addington.

British people did not generally blow heir own trumpets and pharmacists were 3ritish in that respect—the time had come o make known by action, word and deed that we yield to no one in the expertise cquired through the years and maintained y pharmacists who supply the nation's nedicinal needs".

Continental pharmacy was interesting, we could learn something from them", ut British pharmacy had something to ffer. He believed the entry into the EEC vould be to the advantage of pharmacy hroughout Europe.

Through the years there had been many deas for the improvement of pharmacy nd its work for the nation. Restriction of pening of new premises; the restriction of nedicines for sale only through pharmaies, and the reduction of the sale of sidenes. Some have thought that entry into Europe would provide that at one stroke. Nothing can be achieved in this way" Mr Addington declared. The British hemist shop is an institution which must emain. There the public finds a friendly nd knowledgeable service, where the harmacist is available for consultation and s a man who keeps himself up to date, is nowledgeable on the advantages of differnt treatments, capable of assessing differnt products and putting the unbiased iew to the doctor.

All that must remain. It would of course e developed by cooperation with colagues on the Continent broadening their utlook, "also our own".

The Pharmaceutical Association of EEC ountries was formed in 1957. British bservers had been attending the general ssemblies since that time. In 1968 a unaniious statement included proposals for a ve-year university course plus practical aining.

Background to remuneration,

NHS remuneration in Scotland and the ackground to the negotiations and arbitraon was the subject of the paper by Mr M. M. McNeill, secretary Pharmaceutical General Council (Scotland).

Having reached agreement with the Department on the global sum of reuneration for Scottish chemists it was hen necessary to consider how it should e distributed. The average on cost rate of 6 per cent applied to the net cost of gredients helped to buffer inflation, as e General Council insisted that the on ost rate should be unchanged. There was token suggestion from the Management ide that on cost rates should be amended n favour of the pharmacies at the lower nd of the dispensing scale.

Trio of UCA ex-secretaries: Miss A. E. Strachan with, left, Mr James McClenahan and, right, Mr T. Gibson do a little reminiscing

The Council decided the first priority was to increase the rural practice allowance and the allocation was increased from £7,000 to £12,000 thus 50 rural pharmacies will be receiving grants ranging from £100 to £600.

They also decided to increase rota fees. From July 1 the rates have been £2 an hour on weekdays and £4 an hour for opening on Sundays and public holidays.

Having done that the Council agreed that the fairest way to share out the remainder was to increase the main dispensing fee from £10·83p to 14p with a 20 per cent increase on the fees for extemporaneous preparations.

The "urgent" fee was not increased because the additional fee of 37·5p per form is included in the doctor's prescribing costs and the more urgent prescriptions he writes the higher are his costs in relation to the average for the area.

"Had we therefore increased the 'urgent' fee fourfold as we probably ought to have done". said Mr McNeill, "The doctors would be reluctant to endorse the forms and chemists would forego £20,000 worth of remuneration". The Department had been asked to review the practice of adding the fee to doctors' prescribing costs. "Until that is done the urgent fee is likely to stay at the derisory."

Mr McNeill described the domiciliary oxygen fees that became effective April 1. Registered suppliers of oxygen receive an annual rental of £5·64 per set calculated on capital cost written off over a 5-year period. The annual payment of £1·20 per stand was based on writing off the cost over a 10-year period. The chemist also receives a professional fee of £4·50 each time he issues a set and a fee of £0·50 for every cylinder prescribed. The delivery allowances were revised on a mileage basis of £0·10 per mile (£0·05 for running of vehicle and £0·05 for the driver's time). The "urgent" fee was increased and ranges from £1·50 to £3·00, depending on delivery time.

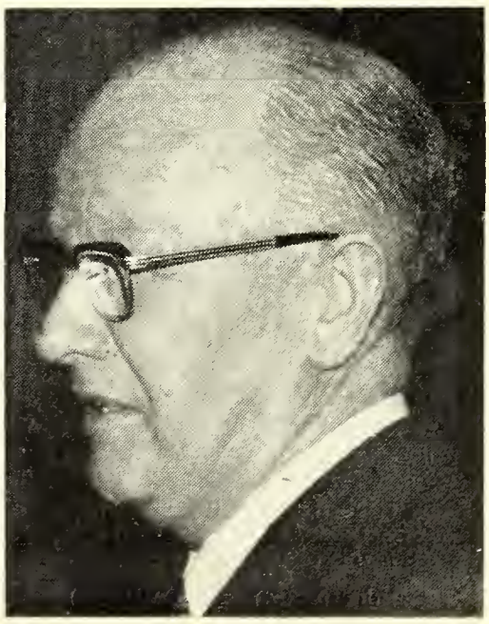
A retrospective increase of some £72,000 arising from an increased container allowance (1p per prescription) is to be credited to the "surplus and deficit account" for the year, providing "a useful buffer against our current remuneration proving to be on the high side". Mr McNeil also compared Scottish terms with those in England and Wales "since you in Northern Ireland are in the fortunate position of being allowed to opt for either the Scottish or English remuneration".

Assuming a net ingredient cost of a prescription is £0·60 the comparison showed:

ENGLAND AND WALES	
Professional fee	17p
On cost at 8½ per cent	5·1p
	22·1p
10½ per cent discounted by 2 per cent	
SCOTLAND	
Professional fee	14p
On cost 16 per cent	9·6p
	23·6p

Difference of 1½p per prescription equivalent to an additional £324 a year to the "average" chemist dispensing 1,800 a month.

M. M. McNeill, secretary Pharmaceutical General Council (Scotland) answers a question



INTO EUROPE: THE 'PRINCIPLES'

British pharmacy's future viewed from Brussels

"We don't want to kill pharmacies for principles." That remark, by Dr J. A. Verreydt, secretary general of the EEC pharmaceutical group, sums up the continental pharmacist's view of the changes planned for the general practice of the profession.

Nevertheless, the aim is to move the retail "end" in a professional direction, increasing the pharmacist's responsibility for what he sells and improving the selling environment. This, it is believed, is the only way in which the claim for "exclusive" rights can be fully justified in the public interest.

The EEC's draft directives have this aim in view—but they have yet to find favour with the Council of Ministers, whose approval is required before the directives can become effective. The problem is that there is no common pattern of pharmaceutical practice in the "six"—and Britain's entry will only complicate it. It is for this reason that the profession's leaders in all the member and candidate countries have to formulate and "lobby" for a joint policy that stands a chance of acceptance in the Council of Ministers. The UK and Eire recently took steps to join the pharmaceutical group officially, and serious discussions to overcome any differences will begin this autumn. Central to becoming more "professional" in retail are the questions of limitation of pharmacies and progressive decommercialisation. But it is still recognised that the arrangement that is right for one country may not be suitable for another—Britain is likely to be "left alone with her problem," with only a positive indication of the direction that should be taken, and a "time-table" to achieve it.

Company pharmacies—they exist and will continue to exist, Dr Verreydt believes—may find they have to work within more stringent professional rules. But the principle of one pharmacist to own one pharmacy would seem to be potentially as damaging to the profession as to the companies. For example, temporary "co-operative" ownership is the very method independents are employing in Belgium to achieve a proper redistribution of pharmacies; also the provision of a good pharmaceutical service through the joint ownership of a pharmacy by more than one pharmacist may be precluded if the taxation advantages of a company are denied.

However, it is possible that a move to restrict shareholding in new pharmacies to pharmacists could be more successful, with professional equality in the pharmacy but seniority reflected in the shareholding. Long term, it is felt that the young pharmacist's frame of mind could be prepared for this approach to his profession.

For the present, it is the continental suggestion that British pharmacists should fight hardest for more legal responsibility for the medicines they sell, and the selling monopoly. These would be the first steps to decommercialisation—which might then develop to the stage at which company pharmacies could be required to separate their trading activities. The public would then be able to see the different roles of the pharmacy and the non-pharmacy.

The changes will not come about through the EEC directives themselves—only the profession's pressure on individual governments will ensure their application in the right way. But the directives are a primary step, and they stand a better chance of being adopted if the British profession has agreed the aims. At the moment, pharmaceutical groups have reservations—the NPU has adopted the principles of responsibility, monopoly and geographical distribution, but it has yet to decide on those relating to training, social security, ethics and ownership.

One aspect of EEC membership that has caused some concern in Britain—perhaps more in the general labour market than in pharmacy—is the principle of free movement of labour and "the right of establishment." Might the nationals of a country with a big labour surplus "flood" a country with a smaller surplus?

In Brussels this is seen as more a theoretical than a practical problem, at least for pharmacy. On the other hand, the EEC principle of "supplied services" would ensure, for example, that an architect established in Britain could design a building to be erected in Germany. But the "service" the retail pharmacist provides stops at his pharmacy door—and he could not open up in another country without fulfilling all the conditions laid down for "establishment" in that county.

Assistants

It is now some years since British pharmacists overcame fears of a "takeover" if their assistants were given a recognised qualification, and Britain is ahead of some continental countries in this respect, with the technicians certificate becoming well established.

It is recognised that an agreed standard for assistants must come into operation if only to comply with the "movement of labour" principles, since some countries do have a qualification already. But there is determination to keep a tight rein on their responsibilities, to avoid at all costs the emergence of any form of "under qualified" pharmacist. To some extent, this situation exists in low population areas of Norway, where a "receptor" may control a medicinal depot and collect prescriptions to be prepared in the "mother" pharmacy.

More novel, from the British point of view, is the position of the assistant pharmacist in Austria and Denmark. Denmark, all assistants are paid the salaries by the Pharmaceutical Society fro a "pool" derived from payments by pha macies in proportion to turnover. Austri also, has a "compensation" pool.

The system avoids competition betwe pharmacies for the services of assistan who are thus encouraged to live and wo in the same area to keep their travelli costs down, and to stay at one set premises. Something similar for u qualified, assistants would meet with t approval of many continental pharmacist

Books

Medical Aspects of Home Hazards. *Medical Commission on Accident Preven tion,* 50 Old Brompton Road, London SV 3EA, 9 x 6 in. Pp 107. 5

"A veritable death-trap" is the way Henry Matthew, head of the Regio Poisoning Treatment Centre, Edinburg describes the modern home.

Contributing to a book on medic aspects of hazards in the home, just pu lished by the Medical Commission Accident Prevention, Dr Matthews pou out that almost as many people die ea year in Britain from poisoning and gassi as from road accidents.

Home poisoning tragedies are re forced because they often happen to t very people who have given some thou to the matter but have taken no preve tive action, he writes.

"A vast amount of prescribed med cines are not used and are left lying homes. A conservative figure is that, any one time, one and a quarter billi unused and unwanted tablets are homes." The scene is clearly set for po soning to occur.

With attempted suicide, if medicines we not available then informed authoriti were of the opinion that other more da gerous methods would not be used if t attempt was an effort to attract attentio

Dr Matthew recommends that:

☐ There is no substitute for the bas advice to lock up all medicines in t home medicine cupboard.

☐ Harassed parents should never encou age children to regard medicines as swee in order to get them to take them.

☐ An adult should never take a medicin in full view of a toddler because the chi at a later time is likely to mimic the paren

☐ The pharmaceutical industry must b dissuaded from producing medicines attractively coloured tablets and capsules

☐ Tablets should be kept in their origin containers.

The answer is all too obvious in pr venting poisoning by household product They should be removed, he writes, "fro their time honoured place under t kitchen sink," and put well out of reac

The publication is specifically designe as a guide for those who give profession advice about home hazards.

Letters

24-hour service

rayser last week reflected on the little-ed 24-hour pharmaceutical service pro-ded by our forbears, but he omitted to ention that there was little in the way effective medicine the physician of the y could offer in an emergency situa-on. He also appears to think that the -hour service provided by "a large com-ny" was equally little used and that the ly demand for a service comes from the ofession itself.

I am sure that Xrayser has never worked one of the all-night pharmacies. He is ght that the demand was generally in-fficient to make the service economic der our present system of remuneration, t "little used" is not to be equated with ot required".

I recall the many worried parents arriv-g by taxi at 2 am with prescriptions ued by emergency service doctors, the ephone advice given to those (usually wly qualified) doctors, the patients' rela-ns brought 30-40 miles in a "good neigh-ur's" car, the co-operation between the ndon all-night pharmacies (private and ltiple) to find a supply of a rarely used ug, the customers kept awake by a cough d unwilling to call out the physician so eking self-medication.

My experience of night duty I count as ofessionally satisfying as any in my reer, and I would ask Xrayser not to nfuse the quantity of the service pro-led with the quality.

There *is* a need for medicines to be ailable throughout the 24 hours, and as profession responsible for their dis-bution we must ensure the service is not t to chance and those few dedicated un-rtunates who live above their premises.

Nocteque

ax absurdities

our correspondent Iconoclast in point-g out some of the anomalies of VAT as is to be applied here, has forgotten, I nk, that all taxes have their particular surdities. Under purchase tax, for ex-nple, the imposition of tax on women's thes depends only on the size of the men—resulting in my 15-year-old daugh-being charged tax and my wife buying k free!

The suggestion that all goods which can ly legally be supplied on prescription ould be VAT-free will not, I hope, be ken too seriously: its application would eatly complicate the pharmacist's work checking his purchase invoices, and it ould necessitate the introduction of a ch more detailed scheme than is at pre-nt proposed for him via the NPU. The plication of VAT to virtually all his rchases makes for great simplicity, and the patient does not pay it and the pharmacist recovers it there seems little point in confusing the issue.

Iconoclast's point about purchase tax on streptomycin seems to me a complete "red herring". New drugs which have not been officially "approved" have always been subject to purchase tax, but since the patient does not pay for his drugs under the NHS (and, indeed, at the time when streptomycin was introduced did not even pay prescription charges) I fail to see how the tax imposed any burden on the "sick and ailing".

A. R. Ritchie, director
Macarthys Ltd.,
Romford, Essex.

Womanpower

With reference to the recent report on manpower in pharmacy and the great contribution made by our lady colleagues in maintaining the pharmacy service to the community today, it is interesting indeed to read the minutes of Council of July 1876.

Seven males (names stated) were given their diplomas as pharmaceutical chemists, but there was also a female (name not given) who had the temerity to take and pass the examination and sought to be granted the diploma. One group of the Council considered the lady had every right, the other group took the view that such a revolutionary step could only be taken after the views of the members could be ascertained at a general meeting.

"It was a hard thing to speak against ladies in this way but he did not consider they would be proper members of the Society; they could not become members of Council or take the presidential chair". The lady was denied her rights by 12 to 4.

How the tables have turned, woman members of Council and presidents and the enrichment of pharmacy by so many female pharmacists today. God bless the ladies.

Mervyn Madge
Plymouth

A famine

An amusing comment extracted from an item not sent from the wholesaler:—210 chamomile flowers were ordered; the invoice was marked "M" (maker cannot supply). Has the Almighty Creator let us down?

J. P. Rigg
Ossett, Yorks

Admonition and warnings by Statutory Committee

A pharmacist accused of leaving her shop in charge of unqualified staff was given six months to show that she can conduct her business properly by the Statutory Committee of the Pharmaceutical Society meeting in London last week.

Sir Gordon Willmer, the Committee chairman, said the premises would be inspected, and she would have to fit a lockable door between the pharmacy and the sweet shop she owns next door. If the inspector's report was satisfactory, it probably would not be necessary to hold a further inquiry.

The pharmacist's solicitor said in cases of sickness it was difficult to obtain qualified replacements at short notice. It had been brought home forcibly that the premises would have to close if she was not there. The pharmacist said for the past six years she had been ill and had had two having treatment.

Her first appearance before the Committee was in May 1971 following a conviction for allowing cough mixture, tablets and lozenges containing poison to be sold when she was not in the shop.

The Committee adjourned their decision for 12 months and meanwhile there was an unsatisfactory report from an inspector of the Society about her absences. Twice when inspectors were present assistants had come from the sweet shop to serve medicines from the pharmacy.

A pharmacist who had been fined for indecently assaulting a woman in the street, was reprimanded and cautioned by the Committee. On his behalf it was pleaded that his name should not be removed from the register—his unblemished professional reputation should not be ended because of one isolated misdemeanour unconnected with his practice as a pharmacist.

The chairman, said that relatively speaking, it was a trivial assault with no violence and no relevance to his profession as a pharmacist. It might have been different if the alleged assault had taken place on his pharmaceutical premises.

A pharmacist convicted of allowing an unqualified assistant to serve prescriptions, received a caution from the Committee. He had been fined £42 by magistrates on six summonses under the Therapeutic Substances Act, 1956.

An inspector of the Society said he paid a routine visit to the pharmacy and finding no qualified person on the premises, asked to see the prescriptions which had been dispensed and handed out in the pharmacist's absence. He was shown ten.

The pharmacist had since sold the business, to a limited company and was now employed as manager. He told the Committee he had been doing 200 prescriptions a day and except for a summer holiday, hardly had any time off. His health was deteriorating and he had collapsed on three occasions. After consulting his doctor, he decided to sell the business.

His two dispensers, although unqualified, were very experienced men—one had 30 years and the other 50 years, experience. He normally told his staff to carry on as best they could in his absence and leave poisons over for his return.

A pharmacist who was absent from his shop on two occasions when poisons were sold by an unqualified assistant was found guilty of professional misconduct. The Committee postponed judgment for 12 months on the superintendent so that he could show he had "learned his lesson".

Three other cases involving unsupervised sales of poisons were also adjourned, and cautions were administered in two further cases, one with an admonition, and the company being censured in the other.

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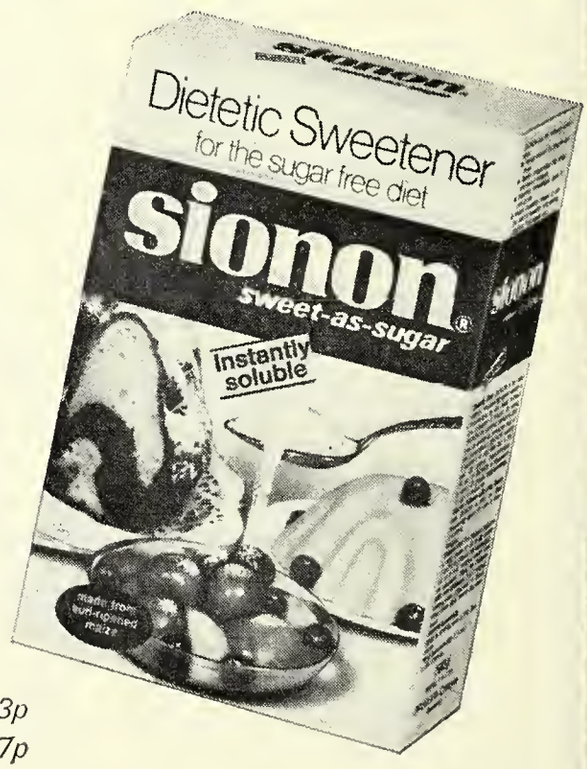

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Much Overprescribing'

Derrick Dunlop confesses — and explains.

must confess that there is much over-ribing in this country," Sir Derrick lop, former chairman of the Medicines mission, said at the opening of a h Medical Association meeting at ness last week.

said that there were several reasons that situation. There was the inces-demand for medicines by the public as a profession doctors were too apt ander to the public's "wants" rather to what they thought were their ds". Then there were too few doctors. ook a long time to elicit a careful cal history, to conduct a full physical ination and to give wise advice, it took a moment to scribble a pre-tion for a placebo; so that in over-ded surgeries in hospital and general ice, doctors had all overprescribed, he ested, and the habit is apt to grow." oubtless the prescribing of placebos sometimes justifiable though the bet-he doctor, the fewer placebos he pre-ed, "for a good doctor is a placebo in elf". If placebos were prescribed, they ld be cheap, innocuous and with a mal pharmacological action. In the days, tonics fulfilled those criteria, diazepoxide (Librium) did not, he ed.

motion

her factor was the insistent and enselv skilful promotion of medicines he pharmaceutical industry which in past had sometimes been justifiably ised. It might be argued that a learned ession should be more able to assess worth of advertising than a housewife hasing a detergent. Such was the lity of advance in therapeutics, how-that the medicines which a doctor might be vastly different from those ad learned about even a few years pre-slv. It would take a remarkable prac-ner to have more than a superficial aintance of advances over the whole of medicines. It was hardly surpris-then that medicines were sometimes uncritically and unwisely.

e old-fashioned bottle of medicine orately compounded, meticulously bot-elegantly flavoured and labelled, gh comparatively ineffective was also innocuous whereas the modern medi-was powerful for good but also for Iatrogenic disease had become a new nsion in medicine. Probably not less 10 per cent of patients suffered from ors' efforts to treat them. Yet, if medi-were always prescribed and used with and wisdom their adverse effects would inimal. The majority of such effects preventable.

ugs which could be purchased with-a prescription were relatively inno-s and it would be ridiculous were such home remedies not freely available, for doctors were mostly busy and to put that further burden of prescribing on them would be intolerable. Nevertheless, grave repercussions might result from the abuse of even such simple remedies, and they might interact with potent medicines prescribed contemporaneously to cause significant changes in the absorption, metabolism and excretion of the latter.

The most obvious abuse of medicines by the public was self-poisoning which had assumed epidemic proportions in recent years.

One of the commonest abuses of simple remedies was that of laxatives. Throughout time intestinal toxaemia had been blamed for much ill health; but it was now generally realised that moderate constipation was far less injurious than over enthusiastic efforts to treat it. But, he said, tradition died hard and the abuse of laxatives by the public was still common, resulting not infrequently in a spastic irritable colon and even in hypopotassaemia. The other most common misuse of "over the counter" remedies was that of mild analgesics.

Modern psychotropic medicines when properly used were of the greatest value; they had altered the whole atmosphere and length of stay in our mental hospitals; they had also saved many people from agony of mind and suicide: and brought the merciful dispensation of sleep to thousands of those in need of it. However, it must be realised that in Britain prescriptions were issued each year for sufficient tablets or capsules to render about every tenth sleep in the UK to be hypnotic-induced; that sufficient prescriptions were written each year for major tranquilisers—phenothiazines, quite apart from the millions of prescriptions for minor tranquilisers like the benzodiazepines—to give a month's treatment with a phenothiazine to every tenth person each year in the UK. There were also some five and a half million prescriptions a year for anti-depressants. All this could not help but produce the impression that there was too much prescribing of these medicines. It was not always necessary or desirable to provide them for all the disappointments, despondencies and anxieties of every-day life. With the rising potency of therapeutic agents, an increasing risk attended their combined use. "We should be very cautious of administering a variety of potent medicines at the same time unless we know what we are about," Sir Derrick said.

Finally it was necessary to insist that an account of what medicines a patient had been taking should constitute an important part of any clinical history.

"We are a conservative profession and the tradition of neglecting to elicit a medicines history dies hard. Thus complicated and often disagreeable and expensive investigations are often undertaken in the attempt to elucidate obscure symptoms which a few simple questions about the patient's recent consumption of medicines might have made unnecessary."

Coming events

Sunday, October 8

Bedfordshire Branch, Pharmaceutical Society, Mander College, Bedford, at 11 am. Conference: "The changing responsibility of the pharmacist".

South East England Region, Pharmaceutical Society, Winter Gardens, Margate, at 10.30 am. Conference: "The re-organisation of the National Health Service".

Monday, October 9

Leicester Royal Infirmary, Leicester Postgraduate Medical Centre, at 8 pm. Dr Griffiths (Burroughs Wellcome & Co) on "Disease process and immunity".

International Packaging Exhibition (Pakex '72), Olympia, London. Until October 13.

Plymouth Branch, Pharmaceutical Society, Greenbank Hospital, Plymouth, at 8 pm. Mr D. M. Jennings (superintendent, Newcastle) Mr A. Taylor (deputy superintendent, Durham) on "Pricing bureaux".

Tuesday, October 10

Doncaster Branch, Pharmaceutical Society, Ye Olde Bell Hotel, Barnby Moor, Near Retford, at 8 pm. Annual dinner and dance. Tickets (£2·50) from Mr T. E. Whaley, 4 Sheridan Road, Barnby Dun, Doncaster.

West Hertfordshire Branch, Pharmaceutical Society, Harperbury Hospital, Shenley, Radlett, at 8 pm. Dr R. F. White on "Photography and the pharmacist".

Wednesday, October 11

Eastbourne Branch, Pharmaceutical Society. Visit to Merrydown Wine Co Ltd, Horam, at 3.30 pm. Limited numbers—details from Miss K. G. Foxall, Flat 1, Southview, 40 Upperton Road, Eastbourne BN21 1LG.

Isle of Wight Branch, Pharmaceutical Society, Osbourne Hotel, Ryde, at 8 pm. Dr J. M. Cameron on "Poisoning: accident, suicide or murder?"

Royal Society of Health, Pharmaceutical group luncheon club, Cafe Royal, Regent Street, London W1, at 12 noon. Mr C. C. Stevens (Imperial Chemical Industries Ltd) on "Codification of drug legislation and control". Tickets £3·25.

Federation of South Eastern Pharmacists, Black Lion, Patcham, Brighton, at 7 pm. Mr S. C. Hutchinson (secretary, Royal Academy of Art), on "Art and the general public".

Teesside Branch, Pharmaceutical Society, Ladle Hotel, Ladgate Lane, Middlesbrough, at 7.45 pm. Annual dinner and dance.

Thursday, October 12

Ayrshire Branch, Pharmaceutical Society, Savoy Park Hotel, Ayr, at 8 pm. Dinner.

Leeds Branch, Pharmaceutical Society, Parkway Hotel, Leeds, at 8 pm. Joint meeting with Yorkshire region hospital pharmacists. Subject: "The benzodiazepines".

Joint Pharmaceutical Analysis Group, Pharmaceutical Society, 17 Bloomsbury Square, WC, at 2.30 pm. Mr M. Pinnegar (Shell Research Ltd), Mr F. Bailey (ICI) and Mr T. Wilkins (Unilever Research) on "High pressure chromatography".

Hospital pharmacy forum

By a hospital pharmacist

Applied scientist or technician?

Just over ten years ago, the issue of an official memorandum HM(61)78 advising hospital authorities to give their pharmacists permission to ignore registered trade marks on prescriptions, and supply instead a drug of "equivalent therapeutic effect", was warmly welcomed in hospital pharmaceutical circles.

Even before the memorandum was issued many hospitals stocked only one brand of each drug which was dispensed whatever the brand ordered on the prescription, and the main effect of HM(61)78 was to make the practice respectable. When registered trade marks are ignored it is possible to purchase a wide range of items by competitive tender and thus to achieve considerable economies. That, however, was not by any means the main reason why the advice given in the circular commended itself to hospital pharmacists.

Little future

By the early sixties it had become apparent to most of us that there was little future for hospital pharmacists if they confined their activities to dispensing prescriptions and the purchase, storage and issue of drugs and medicines. If the pharmacist was to command the status and remuneration to which he felt entitled as a graduate scientist he must be seen to carry executive responsibility for making decisions.

HM(61)78 made it clear beyond all possible doubt that the Department of Health saw him as a fit and proper person to make comparisons of the therapeutic action of formulated medicines and presumably to take professional responsibility for his decisions. For that reason the issue of the memorandum was generally regarded as an important milestone in the history of hospital pharmacy.

More recently, however, the ability of pharmacists to make judgments on therapeutic equivalence has been called into question. It has been conclusively demonstrated that pharmaceutical preparations containing identical amounts of the same drug can differ significantly in therapeutic activity and as a result it is sometimes suggested that doctors can best guard against variations in activity by prescribing, and insisting upon the supply of, the product of a named manufacturer. In all probability recent experience of the effect of formulation on the activity of digoxin will lend support to that point of view.

There is, however, another side to the picture. Pharmacy is a branch of applied science concerned with the presentation of drugs as medicines and the pharmacist can properly claim to be an acknowledged expert in that field. He, more than anyone else, is aware of the physical and chemical factors that affect the therapeutic activity of pharmaceutical preparations.

In the United States the American Pharmaceutical Association is pressing for legislation which will recognise the expertise of the pharmacist and so permit him to make, and take legal responsibility for, decisions on what are, and what are not, therapeutically equivalent preparations.

The issue is obviously highly controversial, but if the pharmacist is not competent to decide, who is? Certainly not the doctor, whose training in pharmacy is rudimentary, and who in consequence tends to make his decisions to specify one producer rather than another on subjective observations rather than upon the results of a scientific inquiry. In consequence he is apt to be easily influenced by advertising and a glance through the pages of the medical journals will provide ample evidence that the pharmaceutical industry is only too well aware of that fact.

The American Pharmaceutical Association is now demanding the right for the pharmacist to ignore the brand specified by the doctor and to supply instead a product which, in his expert opinion, is identical with the product prescribed. It is freely accepted that the pharmacist, like other professional men, could be called to account if he was proved to have been negligent in making his decision, but that of course is a risk which invariably accompanies the right to make expert judgments.

HM(61)78 falls a good deal short of the goal set by the American Pharmaceutical Association. Its wording is imprecise and open to a number of interpretations. though it suggests that pharmacists sh be given authority to supply therap equivalents it leans over backwards i effort to ensure that the doctor can al override the pharmacist's decision an sist that the patient is supplied with brand described.

Nevertheless, because it is the only cation the DHSS has ever given that pharmacist has a decision-making role is not simply the doctors' technician, cerned only with the accurate and fai implementation of his instructions, pha cists should not let themselves be easily persuaded by the arguments those, some of them within our own ra who claim that only the doctor is com ent to decide on therapeutic equivale

If that argument is accepted we sha told that there is no point in educa pharmacists to graduate standard. A threequarters of all undergraduate stu of pharmacy are likely to make caree hospital and general practice and if t when they qualify, are to be denied right to make use of the expert knowl of the properties of drugs which they l so expensively acquired. they will l wasted their time and the taxpa money.

The American Pharmaceutical Ass tion has seen the writing on the wall although the success of the action it taken must remain open to doubt, it ha least made a claim for the recognitio the pharmacist as an applied scientist. this side of the Atlantic he is still very much as the doctors' technician person who hands over to the patient the doctor has written on the prescrip That can be done a good deal cheaply, and perhaps just as safely b computer!

Syrup BP additives

Syrup BP may now contain a suitable servative or mixture of preservatives vided any such additives are stated on label.

The amendment, official from Octobe was introduced as the Pharmacop Commission recognised that there problems with handling bulk supplies syrup. However, a manufacturer poi out this week to *C & D* that there can incompatibility problems with certain ducts if the preservative is not stipula Hydroxybenzoates are at present being ployed to avoid fungal growth in syru

The Commission is not insisting on presence of a preservative and it is considering being specific about the pre vative to be used.

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Market News

her prices dearer

don, October 4: Both the anaesthetic solvent grades of ether were in-sed in price as from the beginning of week. Other pharmaceutical chemical es were repeated.

mong crude drugs Cape aloes conti-d its firm tone with £5 added per ton oth positions. Brazilian menthol also again the spot quotations being up £0·35 kg. Also dearer were balsam and gentian. Sarsaparilla was in and from the Continent. There was a limited amount on the spot for h it was expected £0·75lb would be ined especially since origin were not ing. Slightly easier were kola nuts, ta Rican ipecacuanha and lycopodium. per was in demand during the week. ood quality patchouli oil is scarce and shortage is reflected in the continued ening of prices. Other changes in ntial oil prices were in petitgrain and e leaf.

Pharmaceutical chemicals

Acetic acid: 12-ton lots, delivered, per metric ton, BPC glacial £87·50; 90·5 per cent technical £81; 80 per cent grades pure £76·50; technical £69.50.
Alcohol: (Per proof gal). Ethyl, fermentation in 2,500 bulk gal lots—SVR doubly rectified 96·1 per cent £0·303; absolute 99·9 per cent £0·315. In drums 900 gal minimum respective prices are £0·317, £0·329; Synthetic grades are 96 per cent, £0·233 and 99·9 per cent, £0·245 in tank wagon; £0·247 and £0·259 in drums for 900-bulk gal; industrial grade 95 per cent £0·164 in bulk and £0·178 in drums.
Aspirin: 10-metric ton lots £577·50 ton; 5-ton £583; 1-ton £592·50.
Benzoic acid: One-metric ton lots £30·42 kg.
Boric acid: BP grade per metric ton; granular £99; crystals £140; powder £110; extra-fine powder £114 in paper bags, carriage paid. Technical is £20 per 1,000 kg bags less than BP grades.
Chloroform: BP from £258 metric ton in 280-kg drums to £310 in 35-kg drums. 500-mil bottles £0·44 each.
Cinchocaine hydrochloride: £42·50 kg.
Citric acid: BP granular hydrous per metric ton 50-kg lots, £337; 250-kg £325; 1,000-kg £313. Anhydrous £358, £346, £334 respectively. Premium for powder £10.
Dimidium bromide: 5-g lots £3·20 g.
Emetine: 5-kg lots hydrochloride £335 kg;—bismuth iodide £200.
Ether: Anaesthetic BP—2-litre bottles £0·91 each for under 350 litres; £0·85 each for over 350 litres; 45-litre drums £0·31 litre for 350-litre lots. Solvent BP—per metric ton in drums from £333 for 50-kg lots in 16-kg drums down to £318 in 130-kg drums.
Hypophosphites: £ per kg.

	12·5 kg	50 kg
Calcium	1·14	1·06
Iron	2·35	2·27
Magnesium	1·98	1·87
Potassium	1·57	1·45
Sodium	1·27	1·17

Isoprenaline sulphate: 5-kg £16·50 kg.
Lactic acid: £570 metric ton for 50-kg lots.
Methylated spirits: in 45-gal drums minimum 900 gal, delivered, industrial 66 op £0·308 per bulk gal; perfumery quality £0·359; mineralised 64 op, £0·322. In tank wagon, 2,500-gal, the rates are: £0·308, £0·359, and £0·30 respectively.
Oleic acid: BP is £206·70 per metric ton delivered.
Oxalic acid: 20-ton lots about £170 metric ton.
Paracetamol: 1-metric ton lots £1·17 kg; 5-ton £1·14 kg. For direct compression £1·27 and £1·24 kg respectively.
Pyrogallic acid: Pure 500-kg lots £4·73 kg.
Salicylamide: (Per metric ton) 5-ton lots £700; 1-ton £710; ½ ton £720.
Salicylic acid: per metric ton 5-ton lots £445; 1-ton £470; 250-kg £520.
Tannic acid: 500-kg fluffy £1·35 kg; powder £1·33.
Tartaric acid: (Per metric ton) 50-kg lots £437; 250-kg £432; £428 ton.

Crude drugs

Aloes: (metric ton) Cape primes £320 spot; £300, cif. Curaçao £670 spot; £700, cif.
Balsams: (lb) Canada: £2·05 spot; shipment £1·95, cif. **Copaiba:** BPC £1·25. Para £0·40. **Peru** £1·17 £1·12, cif. **Tolu:** BP £0·70.
Gentian: Root £450 metric ton spot; £440, cif.
Ipecacuanha: (per lb) Matto Grosso £2·50 spot; £2·40, cif, Costa Rican £2·00 spot; £1·90, cif.
Kola nuts: West African halves £95 spot; shipment £85 metric ton, cif.
Lycopodium: Indian £1·75 lb; Russian £2·25, spot.
Menthol: (kg) Chinese spot £6·95; shipment £6·20, cif. Brazilian spot £4·20; £3·90, cif.
Pepper: (ton) Sarawak black spot £380; £375, cif, white £630; £570, cif.
Sarsaparilla: Scarce at £0·75 lb; no cif offers.
Turmeric: Madras finger £200 ton; £178, cif.

Essential oils

Clove: Madagascar leaf £1·16 kg; £1·10, cif. English distilled bud £17·60. Stem £5·50 kg, cif.
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For further details apply to the Chief Pharmacist, Telephone Brookwood 2446, Extension 34.

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DEPUTY CHIEF PHARMACIST and BASIC GRADE PHARMACIST required at busy general hospital of 365 beds. New hospital due for completion early 1974. Applications naming two referees to the Hospital Secretary, Queen Mary's Hospital, Sidcup, Kent.

YORK 'A' HOSPITAL
MANAGEMENT COMMITTEE

PHARMACY TECHNICIAN

required for County Hospital.

This post offers excellent experience in both in-patient and out-patient dispensing including sterile products and manufacturing. Applicants must possess appropriate qualifications. Salary £954 × 6 increments to £1,329. 38 hours per week (10½ day fortnight). Applications, in writing giving full details including the names and addresses of two referees to Group Secretary (Personnel), Bootham Park, York YO3 7BY.

West Cumberland Hospital

SENIOR PHARMACIST

required for duties in a small but busy department based on a new District General Hospital of 487 beds. The job offers varied responsibilities including a Sterile Products department. The pharmacy serves a Group with 750 beds in a semi-rural area adjacent to the Lake District National Park.
Assistance with single/married accommodation can be arranged.
Application form and job description obtainable from the personnel officer West Cumberland Hospital, Hensingham, Whitehaven. CA28 8JG
Closing date 27th October 1972.

ILFORD AND DISTRICT
HOSPITAL MANAGEMENT COMMITTEE
BARKING HOSPITAL

SENIOR Pharmacist required. Whitley Council conditions of service. Salary scale £1689/2100 per annum, plus London weighting. Apply to Group Secretary, King George Hospital, Eastern Avenue, Newbury Park, Ilford, Essex.

André Philippe

For the very best in Bubble Bath Gift Packs

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Wholesale Chemists
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Wanted

WANTED: Surplus cameras, enlargers, cine-cameras and projectors, photographic equipment of every description. Surplus and outdated film and paper, large or small quantities. Phone, write or call. Spears (Dept. CD), back Watling Street, Shudehill, Manchester, 4. Telephone: BLAckfriars 9432 (5 lines). Bankers, Midland Bank, Ltd.

WE PURCHASE surplus and redundant stocks of every description, especially packing material. Spot cash settlement. Reliance Trading Company, 23-25 Charles Lane, St. John's Wood, London, N.W.8. Tel: JUNiper 0701.

URGENTLY REQUIRED, all items connected with old-fashioned Pharmacies.—Runs of drug drawers, shop rounds, jars, etc.—Telephone Ashtead (Surrey) 72319 or write Robin Wheeler, 'Maplehurst', Park Lane, Ashtead, Surrey.

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BQX No. 2020

Situations vacant

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representatives

pharmaceutical

South Midlands (based in Warwickshire)
Kent and South East London
North East - based on Teesside

Applicants will already have had several years' experience, preferably in the pharmaceutical or related industries, and will be familiar with all aspects of selling to the Retail Chemist. They will be in the age range 25 - 35 with a good general education up to at least GCE 'O' level standard. They will be responsible for planning and organising their own promotional plan within an overall Divisional strategy. We have an expanding range of products and need energetic and enthusiastic representatives to work these areas.

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North and South of the Thames

Applicants will have similar qualifications to the Pharmaceutical Representatives but will be younger men in the age range 21 - 25 who should be keen to progress to more senior positions. Experience of calling on Chemists would be an advantage but is not essential.

Salaries and conditions of employment are very competitive and include the provision of Company car, expenses, Pension Fund and in addition a Profit Sharing Scheme is in operation.

If you feel you have the necessary experience and personal qualities to fill one of these posts, write with brief career details to:

M. F. Losse, Personnel Officer,
Imperial Chemical Industries Limited,
Pharmaceuticals Division,
Alderley House, Alderley Park,
Macclesfield, Cheshire, SK10 4TF.

THE QUEEN'S AWARD TO INDUSTRY
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WILLOWS FRANCIS GROUP

WORKS MANAGER

We wish to appoint a Works Manager for our Trading Company Wigglesworth Limited, manufacturers of a wide range of pharmaceutical products for sale to Chemists and Vets.
Reporting to the Works Director whom you will be expected to succeed within two years, he will control and co-ordinate the activities of both manufacturing and ancillary departments to achieve production targets.
We anticipate he will be aged between 30/40 with at least five years experience of pharmaceutical manufacturing and preferably an appreciation of work study principles. Membership of either the Pharmaceutical Society or the Royal Institute of Chemistry would be a distinct advantage.
A résumé of your career to date making form filling unnecessary, together with details of education and present salary, should be addressed in confidence to:

MR. R. G. GARNER, Personnel Officer
Wigglesworth Limited, Church Street, Westhoughton, Lancs.

CHEMISTS SALES REPRESENTATIVE

Private manufacturing and marketi company with national sales force ha vacancy for a representative to to over existing territory selling attracti range of glucose products, Lady Jay Hair Fashion Aids and Ashford Scisso to Chemists in West London, Bucks Berks.

This is a responsible position with h merchandiser in support and preferen will be given to experienced salesm with good connections amongst Che ists in the area.

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Please write giving age, commerc history and present earnings to,

Sales Manager,
A. L. Simpkin & Co. Ltd.,
Hunter Road, Sheffield S6 4LD

Chemist & Druggist

ALBION
Milk and Sulphur Skin Soap
NEW PACK
9p RETAIL
NOW BEING NATIONALLY ADVERTISED

Price Service

Cumulative amendments to September Quarterly Price List

e prices are given per unit unless otherwise stated. Bold upright figures 4) in the retail column indicate the price is subject to resale price tenance. Italic figures *(0·14)* is manufacturer's recommended price. t upright (0·14) is a suggested guide. *a*=Price advanced. *r*=Price ced. ●=New entry. *d*=Delete. *c*=Correction. *i*=Insert.

3 simple rules for rapid price checking.
1. First look under 'This week's changes.' *If the price is not listed...* **2.** Check the cumulative section. *If the price is not listed...* **3.** Refer to the last main price list. *The price is still correct.*

		Trade £.p	Tax £.p	Retail £.p
SERT (2 Abbott)				
ributors 938 PD)				
sposable syringe with 4 applicators				
ntothal rectal suspension	2 g	0.91	.. ..	*1.36½*†s1s4A
M (746 Lederle)				
ts	100	1.78	0.445	
OMYCIN (746 Lederle)				
nd ear ointment 1%	3.5 g	0.12	.. ..	TS
muscular 100 mg	10	1.89	.. ..	TS
venous 250 mg	10	1.89	.. ..	TS
500 mg	10	3.40	.. ..	TS
nent 3%	25 mg	0.21	.. ..	TS
halmic oil suspension	6 ml	0.32		
iatric drops	10 ml	0.29	.. ..	TS
OMYCIN V (746 Lederle)				
ules 250 mg	20	0.62	.. ..	TS
	100	2.31	.. ..	TS
	1000	22.00	.. ..	TS
atric drops	10 ml	0.31		
p	100 ml	0.39	.. ..	TS
	500 ml	1.76	.. ..	TS
ED (208 BW)				
pound linctus	125 ml			*d*
ED (1610 WCSD)				
pound linctus	100 ml	2.40dz	.. ..	0.30 †DDI
TOPRUF (339 CG)				
er 1 in x 5 yd	M205	1.65dz		
2 in x 5yd		2.66dz		
3 in x 5 yd		3.55dz		
NAPAX (868 MC)	450 g	1.50		†
SIX (337 Curtis)				
e entry				*d*
(208 BW)				
iser				*d*
CK (671 Jeyes)				
sols, alpine, lilac				
me, springtime		1.72dz	.. ..	*0.18½*
TON (969 Pfizer)				
oules 5mg/1ml	5	0.59		
blets 2 mg	50	0.98		
DIN (23 ALAD)				
um flasks				
mbassador	16 oz	.. ..		*0.65*
	32 oz	.. ..		*1.04*
oncorde	16 oz	.. ..		*0.61*
	23 oz	.. ..		*0.92*
	32 oz	.. ..		*0.98*
ontinental	8 oz	.. ..		*0.54*
	16 oz	.. ..		*0.57*
	23 oz	.. ..		*0.89*
	32 oz	.. ..		*0.95*
scort	16 oz	.. ..		*0.57*
	32 oz	.. ..		*0.92*
od flask	16 oz	.. ..		*0.81*
	32 oz	.. ..		*1.03*
super	16 oz	.. ..		*1.03*
	32 oz	.. ..		*1.30*
jug	32 oz	.. ..		*2.43*
refills				
flask	8 oz	.. ..		*0.32*
	16 oz	.. ..		*0.35*
	23 oz	.. ..		*0.53*
	32 oz	.. ..		*0.55*
food flask	16 oz	.. ..		*0.58*
food flask or jug	32 oz	.. ..		*0.70*
food flask super	16 oz	.. ..		*0.60*
	32 oz	.. ..		*0.72*
ALBERTO BALSAM (24 ACC)				
	sachet	0.63dz	0.16dz	*0.09*
	90 cc	2.32dz	0.58dz	*0.33*
	220 cc	4.14dz	1.03dz	*0.59*
ALBION (399 CG)				
cotton wool	1 oz	0.54dz	.. ..	*0.06½*
	4 oz	1.38dz	.. ..	*0.16½*
	1 lb	4.42dz	.. ..	*0.52½*
paper wrapped	2 oz	0.85dz	.. ..	*0.10*
	8 oz	2.42dz	.. ..	*0.27½*
	1 lb	4.14dz	.. ..	*0.50*
ALLENBURY'S (34A&H)				
pastilles				
blackcurrant		0.132	0.024	0.20
ALTILEV (1176 Squibb) entire entry				*d*
AMOUR AMOUR (Patou)(386 Douck)				
eau de toilette	2 oz	1.48	0.37	*2.65*
	4 oz	2.40	0.60	*4.25*
parfum				
le compagnon	⅓ oz	1.70	0.425	*3.00*
flacon	¼ oz	1.80	0.45	*3.25*
	½ oz	2.80	0.70	*4.95*
	1 oz	4.70	1.175	*8.35*
parfum Cologne	1⅔ oz	1.06	0.265	*1.90*
	3⅓ oz	1.70	0.425	*3.00*
ANAPAX (848 Minnesota)				
cold sore lotion	5 ml	1.08dz	0.27dz	0.15
cold tablets	12's	1.50dz	0.375dz	0.21
cough linctus				
adult	55 ml	2.01dz	.. ..	0.24 †
child	55 ml	1.85dz	.. ..	0.22 †
junior pair reliever	60 ml	1.76dz	.. ..	0.21
nasal spray	20 ml	1.68dz	.. ..	0.20
triple action cough mixture	125 ml	2.14dz	0.535dz	0.30
ANGIER (172 BMCL)				
children's cold relief drink		0.119	0.03	0.20
junior aspirin tablets	16	0.047	0.012	0.08
	50	0.082	0.021	0.14
	dp 500	0.369		
emulsion large size				*d*
ANIMALINTEX (1073 Robinson)				
poultice dressing (vet.)		2.750 (19/12 dz)	0.69 (19/12 dz)	
ANITA (473 FJ)				
hair glitters		0.68dz	0.17dz	*0.10*
ANTILOPE (Weil) (961 EGP)				
eau de Cologne	1 oz	0.54	0.135	*1.00*
	2 oz	0.97	0.242	*1.80*
	4 oz	1.57	0.392	*2.90*
	8 oz	2.38	0.595	*4.40*
	16 oz	4.11	1.027	*7.60*
foam bath	6½ oz	0.97	0.242	*1.80*
parfum de toilette	1 oz	0.92	0.23	*1.70*
	2 oz	1.46	0.365	*2.70*
	4 oz	2.38	0.595	*4.40*
	8 oz	3.84	0.96	*7.10*
	16 oz	6.49	1.622	*12.00*
atomiser	2 oz	1.73	0.432	*3.20*
	4 oz	2.49	0.622	*4.60*
parfum	⅛ oz	1.14	0.285	*2.10*
	¼ oz	1.95	0.487	*3.60*
	½ oz	3.46	0.865	*6.40*
	1 oz	5.35	1.337	*9.90*
	2 oz	8.54	2.135	*15.80*
	4 oz	14.70	3.675	*27.20*
	8 oz	24.70	6.175	*45.70*
	16 oz	41.24	10.31	*76.30*
atomiser de luxe	1 oz	6.16	1.54	*11.40*
refill	1 oz	4.76	1.19	*8.80*
diffusette	⅓ oz	2.05	0.512	*3.80*
	½ oz	3.51	0.877	*6.50*
spray	¼ oz	2.97	0.742	*5.50*
Satin body perfume	1 oz	0.81	0.202	*1.50*
	2 oz	1.35	0.337	*2.50*
	4 oz	2.16	0.54	*4.00*
Secret de Venus bath oil				
	½ oz	1.89	0.472	*3.50*
	1 oz	3.08	0.77	*5.70*
	2 oz	5.51	1.377	*10.20*
	4 oz	8.27	2.067	*15.30*
	8 oz	11.78	2.945	*21.80*
	16 oz	17.68	4.42	*32.70*
	32 oz	29.46	7.365	*54.50*
soap	2¾ oz	0.27	0.067	*0.50*
talc de toilette	4 oz	0.59	0.147	*1.10*
APISERUM (253 Chemia)				
ampoules 5 ml	24	3.36	0.84	5.31½
APRIL VIOLETS (1355 Yardley)				
perfume	1991	0.447	0.112	*0.79*
perfumed Cologne	1984	0.434	0.109	*0.76*
soap toilet	1962	0.138	0.039	*0.22*
spray mist	1945	0.737	0.184	*1.29*
talcum	1907	0.209	0.052	*0.37*
AQUAMOX (746 Lederle)				
tablets 50 mg	100	2.47	.. ..	†s4B
ARMORICAINE (1336 WC)				
powder	2 lb	0.79	0.19	*1.33*
	10 lb	3.38	0.85	*5.92*
ARTANE (746 Lederle)				
Sustets 5 mg	100	0.96		†s4B
ARVYNOL (969 Pfizer)				
capsules 250 mg	100	0.71		†s4B
ASILONE (117 BPL)				
tablets 50 mg	dp 100			*d*
ATARAX (969 Pfizer)				
syrup 10mg/5ml	150 ml	0.39		†s4B
tablets 10mg	100	0.96		†s4B
25mg	100	1.95		†s4B
ATKINSONS (76 Atkinson)				
English lavender deodorant spray		.. ..		*0.75*

Specify Wellcome* Insulins
Soluble · Lente · Protamine · Globin · Isophane and 'Nuso' Neutral Insulin
Wellcome
Burroughs Wellcome & Co. (The Wellcome Foundation Ltd.) Berkhamsted, Herts. *Trade Mark

		Trade £.p	Tax £.p	Retail £.p	
for gentlemen					
after shave	92 cc	.. .. ..	..	0.80	
brilliantine	63 cc	.. .. ..	..	0.60	
hair cream	55 g	.. .. ..	..	0.35	
shaving cream	85 g	.. .. ..	..	0.40	
foam	155 g	.. .. ..	..	0.60	
Gold Medal eau de Cologne					
bath foam	118 g	.. .. ..	..	0.75	
	289 g	.. .. ..	..	1.50	
ATOMOL (34 A&H)					
nasal spray	10 ml	0.15	.. ..	0.22½	
ATRIXO (1164 SSL)					
hand care lotion		1.879dz	0.455dz	0.32	
AUREOMYCIN (746 Lederle)					
capsules 250 mg	20	0.75	.. ..		TS
	100	3.59	.. ..		TS
ointment 3%	25 g	0.21	.. ..		TS
ophthalmic 1%	3.5 g	0.12	.. ..		TS
syrup	100 ml	0.71	.. ..		TS
BACCHUS (301 Coty)					
after shave bronzing				d	
BALENCIAGA (386 Douek)					
eau de Balenciaga	1¾ oz	1.03	0.257	1.85	
	4 oz	1.76	0.44	3.15	
	7 oz	2.82	0.705	5.10	
	15 oz	4.16	1.04	7.50	
BAND-AID (672 Johnson)					
elastic plasters					
2½ in x 1 yd		0.147	.. ..	0.21	
2½ in x 6 in		0.034	.. ..	0.05	
washproof plasters					
medium assorted	tin	0.127	.. ..	0.18	
large assorted	tin	0.165	.. ..	0.23	
economy	carton	0.201	.. ..	0.28	
medium strips		0.127	.. ..	0.18	
large strips		0.165	.. ..	0.23	
composite pack	120	1.129	.. ..	1.57½i	
2½ in x 6 in		0.034	.. ..	0.05	
2½ in x 1 yd		0.147	.. ..	0.21	
BARBER (85 BES)					
existing entry				d	
BARBER (85 BES)				i	
health lamps	365	10.24	2.50	16.15	
	popular	3.37	.. ..	4.50	
	596	2.61	.. ..	3.47	
	641	9.45	2.30	14.90	
	465	23.06	5.62	36.37	
BARDASE (938 PD)					
entire entry				d	
BARMENE (793 MFL)					
pure yeast extract	716	2.06	.. ..	2.60	
BAYCARON (97 Bayer)					
tablets 25 mg	50	1.30			
	150	3.74			
BAYOLIN (97 Bayer)					
ointment	35 g	0.19	0.048		
BEETHAM'S (106 Beetham)					
glycerin and cucumber					
	85 cc	2.76dz	0.69dz	0.40	
	165 cc	4.20dz	1.05dz	0.60	
glycerin and lavender					
	85 cc	2.76dz	0.69dz	0.40	
glycerin and rose water					
	85 cc	2.76dz	0.69dz	0.40	
glycerin and white lilac					
	85 cc	2.76dz	0.69dz	0.40	
hand cream	1 oz	2.04dz	0.51dz	0.30	
teenage skin cream	25 g	2.04dz	0.51dz	0.30	
BENCARD (113 Bencard)					
skin test solutions					
intradermal and prick					
	2 ml	0.35			
21 skin test outfit					
	21 x 2 ml	6.00			
standard cabinet					
	72 x 2 ml	22.00			
refill		18.00			
hospital cabinet					
	120 x 2 ml	35.50			
refill		29.00			
BENYLIN (938 PD)					
expectorant	2¼ l	1.51			†s7
with codeine	2¼ l	2.40			†s7DDI
BERKMYCEN (117 BPL)					
tablets 250 mg	1000	5.00	.. ..	7.50	TS
BETADINE (878 Napp)					
vaginal douche	500 ml	1.96	.. ..	2.62	
	240 ml				d
BIO FACIAL (1631 Mediline) (Southern area only)					
		0.75	0.1875	1.25	
BIOKETS (848 Minnesota)					
	18	1.35dz	.. ..	0.16	†
BLAKE'S (135 TB)					
witch hazel cream	50 g	1.44dz	0.36dz	0.21½	
	100 g	2.78dz	0.69dz	0.41	
BLOC HYALIN (1637 Landaw)					
after shave block		0.19	0.0475	0.34	
BLUE EYETEC (1073 Robinson) entire entry				d	
BLUE EYETEC (1073 Robinson)				i	
first aid dressings with					
metallic strip waterproof					
dressing strips					
¾ in x 2½	48				
	04922	0.235			
	144				
	04931	0.675			
¾ in x 3 in	48				
	04923	0.27			
	144				
	04932	0.725			
1½ in x 3¼ in	50				
	04925	0.545			
1 3/16 in x 2½in	50				
	04926	0.315			
finger dressing					
1 in x 7 in x	24				
	04920	0.555			
wound dressing					
2 in x 3 in x	50				
	04928	0.69			
1½ in x 2 in x	50				
	04929	0.38			
waterproof strapping					
½ in x 5 yd x	12				
	04900	1.115			
1 in x 5 yd x	12				
	04901	1.585			
2 in x 5 yd x	12				
	04902	2.62			
BLUE ORCHID (1630 R&RL)					
brilliantine	50 cc	1.48dz	0.37dz	0.23	
	108 cc	2.32dz	0.58dz	0.36	
friction	50 cc	1.48dz	0.37dz	0.23	
	108 cc	2.32dz	0.58dz	0.36	
shampoo	250 cc	2.32dz	0.58dz	0.36	
BN (848 Minnesota)					
liniment	100 ml	1.50dz	0.375dz	0.21	
	200 ml	2.14dz	0.535dz	0.30	
BOLDOLAXINE (346 Dales)					
(distributors 1556 Farillon)					i
BOND STREET (1355 Yardley)					
dusting powder	2709	0.845	0.211	1.48	
perfume	2791	0.771	0.193	1.35	
perfumed Cologne	2784	0.554	0.139	0.97	
	2785				d
spray mist	2745	0.794	0.188	1.39	
soap toilet	2762	0.138	0.035	0.22	
talcum	2707	0.280	0.070	0.49	
Crystallized Cologne					
	2770				d
BOULES QUIES (346 Dales)					
(distributors 1556 Farillon)					i
BOURJOIS (150 Bourjois)					
soaps (4)	9391				d
talcums Bourdoir, Wild Rose and					
Golden Fern					d
BRADILAN (878 Napp)					
tablets	50	0.80	0.20	1.35	
	250	3.60	0.90	6.05	
BRANDS (1438 RHM)					
essence of beef	2½ oz	2.347dz	.. ..	0.25½a	
essence of chicken					
	2½ oz	2.347dz	.. ..	0.25½	
BREEZE (756 Lever)					
soap	small	3.151 (6dz)	0.739 (6dz)	0.06	
	large	2.510 (6dz)	0.589 (6dz)	0.09½	
BRIGHTENER (848 Minnesota)					
toothpaste	150 g	1.50dz	0.375dz	0.21	
BRONNLEY (194 Bronnley)					
pat on powder		.. .. ..	..	0.60	
BROVON (878 Napp)					
asthma inhalant	15 ml	0.28	.. ..	0.40	†
	30 ml	0.50	.. ..	0.72	†
	60 ml	0.96	.. ..	1.38	†
pressurised complete		0.65	.. ..	0.93	†s4B
BUDALE (346 Dales)					
(distributors 1556 Farillon)					i
CA'D'ORO (881 Natura)					
deodorant spray	100 g	0.64	0.16	1.20	
stick	25 g	0.40	0.10	0.75	
Eau de Cologne	50 cc	0.48	0.12	0.90	
	100 cc	0.90	0.225	1.70	
	200 cc	1.70	0.425	3.20	
crystal	100 cc	1.00	0.25	1.90	
eau de parfum	40 cc	0.95	0.23	1.80	
	80 cc	1.48	0.37	2.80	
atomiser	11 cc	0.72	0.18	1.35	
soap (3)		0.85	0.212	1.60	
CALECHE (1525 PDP)					
bath oil	1 oz	.. .. ..	..	3.45	
	2 oz	.. .. ..	..	5.15	
deodorant					
aerospray	4 oz	.. .. ..	..	2.50	
dusting powder	5 oz	.. .. ..	..	3.70	
refill	5 oz	.. .. ..	..	1.75	
eau de toilette	2 oz	.. .. ..	..	2.65	
	4 oz	.. .. ..	..	3.95	
	8 oz	.. .. ..	..	5.95	
	16 oz	.. .. ..	..	8.95	
parfum de toilette					
atomiser	2 oz	.. .. ..	..	4.40	
refill	2 oz	.. .. ..	..	3.65	
atomiser	4 oz	.. .. ..	..	6.20	
refill	4 oz	.. .. ..	..	5.30	
perfume	¼ oz	.. .. ..	..	3.45	
	½ oz	.. .. ..	..	5.50	
	1 oz	.. .. ..	..	8.10	
	2 oz	.. .. ..	..	13.40	
	4 oz	.. .. ..	..	21.50	
atomiser	¼ oz	.. .. ..	..	6.05	
refill	¼ oz	.. .. ..	..	2.90	
atomiser	1 oz	.. .. ..	..	10.90	
refill	1 oz	.. .. ..	..	7.00	
deluxe	1 oz	.. .. ..	..	17.50	
	4 oz	.. .. ..	..	47.90	
soap deluxe	3 oz	.. .. ..	..	2.60	
talcum powder	3 oz	.. .. ..	..	1.30	
	70 ml	1.80dz	.. ..	0.22½	
CALINE (Patou)(386 Douek)					
eau de Caline	2 oz	1.36	0.34	2.	
	4 oz	2.26	0.565	4.	
vapomiseur	4 oz	3.25	0.812	5.	
parfum	⅛ oz	1.20	0.30	2.	
	¼ oz	2.40	0.60	4.	
	½ oz	3.66	0.915	6.	
	1 oz	5.60	1.40	10.	
atomiser	¼ oz	2.68	0.67	4.	
refill	¼ oz	1.58	0.395	2.	
CALLUSOLVE (1454 Dermal)					
wart treatment	10 ml	0.55	0.1375		
CALPOL (1610 WCSD)					
paediatric suspension					
	110 ml	2.64dz	.. ..	0.	
CAMAY (1010 P&G)					
soap toilet		3.77 (6 dz)	0.942 (6 dz)	0.	
bath		3.55 (4 dz)	0.887 (4 dz)	0.	
CAMBERWICK GREEN (1351 WLU)					
foam bath		1.92dz	0.48dz	0.	
CAMEO (1073 Robinson)					
tampons	10	3.049 (2 dz)	.. ..	0.	
	40	3.452dz	.. ..	0.	
CAPRICE (1355 Yardley)					
Cologne	2984	0.434	0.109	0.	
creme perfume	2973	0.434	0.109	0.	
perfume	2991	0.714	0.179	1.	
talcum	2907	0.209	0.052	0.	
CARBRITAL (938 PD)					
Kapseals	25	0.25	.. ..	0	
	250	1.65	.. ..	2	
CARDINELLI (226 CBP)					
bath foam	100 cc	3.36dz	0.84dz	0.	
	150 cc	3.96dz	0.99dz	0.	
oil	20 cc	1.10dz	0.275dz	0.	
	100 cc	4.00dz	1.00dz	0.	
	150 cc	5.50dz	1.375dz	0.	
make up brushes	style 1	2.06dz	0.515dz	0.	
	2, 3, 4	1.37dz	0.3425dz	0.	
	5, 6	1.03dz	0.2575dz	0.	
CASTELLAN No. 10 (1075 R)					
CASTELLAN No. 10 (78 AS & CO)					
bronchial pastilles	56 g	1.00dz	0.25dz	0	
children's syrup	117 ml	1.44dz	0.36dz	0	
	58 ml				
cough mixture	117 ml	1.56dz	0.39dz	0	
	234 ml	2.60dz	0.65dz	0	
CASUAL (1242 Toni)					
hair colourant		3.79dz	0.90dz	0	
hair lightener		3.79dz	0.90dz	0.	
CESTRA (1073 Robinson)					
face masks	standard	17.375 (1 gross)			
CHEB'S (473 FJ)					
bruise eraser					
CHEB'S (473 FJ)					
bruise easer		2.72dz	0.68dz	0	
CHLOROMYCETIN (938 PD)					
Aplicap 1%	50	0.31	.. ..	0	
	250	1.55	.. ..	2	
ophthalmic 25 mg	vial	0.21	.. ..	0	
ophthalmic ointment					
	4 g	0.10	.. ..	0	
veterinary					
capsules 50 mg	100	0.82	.. ..	1	
	1000	7.71	.. ..	11	
tincture aerosol					
	6 x 28 ml	2.21	.. ..	3	
	94 ml	1.10	.. ..	1	
colourless					
	6 x 28 ml	2.21	.. ..	3	
CHRISTIAN DIOR (1619 PCDL)					
nail gloss		.. .. ..	..	0	
	mini size	.. .. ..	..	0	
CLAIROL (172 BMCL)					
Born Blonde colourant		0.332	0.083	0	
lightener		0.385	0.096	0	
condition hair conditioner		0.187	0.047	0	
creme rinse	sachet	0.03	0.008	0	
	bottle	0.117	0.029	0	
Loving Care		0.253	0.063	0	
Nice 'N Easy hair colour		0.324	0.081	0	
Summer Blonde		0.274	0.096	0	
Loving Care creme after rinse					
CLEARASIL (1055 RM)					
cleansing lotion	100 cc	3.34dz	0.835dz	0.	
cream skin tinted		3.03dz	0.76dz	0	
white vanishing		3.03dz	0.76dz	0	
afterwash	100 cc				
CLENSEL (671 Jeyes)					
rose spray		1.56dz	.. ..	0.	
CLOMID (838 Merrell)					
tablets	30	5.50	.. ..	8	
CODURAL (848 Minnesota)					
tablets	15	1.50dz	0.375dz	0	
CO-ELORINE (413 Lilly)					
Pulvules	100				
COLGATE (280 CP)					
dental cream with MFP					
	standard	4.88 (4 dz)	1.22 (4 dz)	0	
	large	5.32 (3 dz)	1.33 (3 dz)	0	
	ex-large	2.41dz	0.60	0	
	family	2.99dz	0.75dz	0.	
fluor with MFP	standard	2.44 (2 dz)	0.61 (2 dz)	0.	

		Trade £.p	Tax £.p	Retail £.p	
large		3.54 (2 dz)	0.89 (2 dz)	0.22½	
YRE BLEU (Laiter) (346 Dales)					
tributors 1556 Farillon)				i	
T (810 Maw)					
es		1.62 (20 pkts)	0.4..5 (20 pkts)	0.16	
YNE (1025 RC&C)					
re entry				d	
AC 400 (835 M&J)					
	30	0.73	.. ..	0.97	†
USOL (1054 R&B)					
septic dp	500 ml	4.56dz	1.14dz		
ILOX (969 Pfizer)					
oules 2 ml	5	1.38	0.345		†s4B
ets 40 mg	100	3.78	0.845		†s4B
	500	17.00	4.25		†s4B
IST (1111 Schwarzkopf)					
npoo	140 cc	2.50dz	0.625dz	0.35	
IFOAM (969 Pfizer)					
y	15 g	0.41			TS
	50 g	1.12			TS
IPHENICOL (346 Dales)					
tributors 1556 Farillon)				i	
RIL (969 Pfizer)					
n 0.5%	20 ml	0.21			TS
1.0%	20 ml	0.31			TS
y 50 mg	30 ml	0.42			TS
100 mg	60 ml	0.74			TS
cal ointment					
on-greasy 0.5%	15 g	0.18			TS
1.0%	15 g	0.26			TS
	50 g	0.69			TS
2.5%	15 g	0.53			TS
	50 g	1.52			TS
greasy 1.0%	15 g	0.26			TS
2.5%	15 g	0.53			TS
ETTE (1038 R & C)					
ting entry				d	
ETTE (1038 R & C)				i	
r shave		3.48dz	0.87dz	0.49	
dorant spray		3.07dz	0.77dz	0.44	
spray		3.07dz	0.77dz	0.44	
electric shave		3.48dz	0.87dz	0.49	
e foam		2.72dz	0.68dz	0.39	
		3.07dz	0.77dz	0.44	
ACK (1038 R & C)					
's hair dressing					
crosol	6 oz	2.29dz	0.575dz	0.30	
	12 oz	3.68dz	0.92dz	0.48	
	18 oz	5.01dz	1.25dz	0.65	
A BRAVA (106 Beetham)					
tan cream		2.04dz	0.51dz	0.30	
(301 Coty)					
ey pot lip conditioner		.. ..	.. ..	0.55	
AR (1355 Yardley)					
r shave lotion	2458J	0.408	0.102	0.72	
	2458	0.554	0.139	0.97	
r shower talc	2407	0.339	0.085	0.60	
perspirant aerosol					
	2441	0.457	0.114	0.80	
e foam	2451	0.424	0.106	0.75	
on-a-rope	2464	0.410	0.103	0.65	
NIA (1232 T&R)					
chial balsam					
	150 ml	1.56dz	.. ..	0.20	†
	4 oz			d	
AN (346 Dales)					
tributors 1556 Farillon)				i	
ON'GERRARD (339 CG)					
dages w.o.w. B.P.C.					
in x 4 yd		0.28dz	.. ..	0.03½	
½ in x 4 yd		0.37dz	.. ..	0.05	
in x 4 yd		0.46dz	.. ..	0.06	
½ in x 4 yd		0.57dz	.. ..	0.07	
in x 4 yd		0.65dz	.. ..	0.08	
in x 4 yd		0.82dz	.. ..	0.10	
treatment		0.89dz	0.222dz	0.14	
o 4 in x 4 yd		1.18dz	.. ..	0.15	
ulose tissue		0.33dz	.. ..	0.49½	
wadding		0.20dz	.. ..	0.26½	
on wool B.P.C.	1 oz	0.61dz	.. ..	0.07	
	2 oz	1.04dz	.. ..	0.13½	
	4 oz	1.73dz	.. ..	0.20	
	1 lb	5.69dz	.. ..	0.67	
aper wrapped	½ oz	0.46dz	.. ..	0.05½	
	8 oz	3.17dz	.. ..	0.37½	
	1 lb	5.61dz	.. ..	0.66	
e bandage B.P.C.					
	2 in	1.26dz	.. ..	0.17½	
	2½ in	1.58dz	.. ..	0.21	
	3 in	1.80dz	.. ..	0.25	
	3½ in	2.10dz	.. ..	0.30	
	4 in	2.42dz	.. ..	0.32	
	5 in	2.94dz	.. ..	0.36	
	6 in	3.57dz	.. ..	0.43	
nette bandage B.P.C.					
in x 6 yd		3.13dz	.. ..	0.36	
in x 6 yd		4.18dz	.. ..	0.46	
in x 6 yd		6.05dz	.. ..	0.66	
sings pack sterile		1.25			
aid cream		0.60dz	.. ..	0.07½	
aid outfit	A45	0.50	.. ..	0.75	
ports	A103	3.625	.. ..	5.44	
refill	A103R	2.70	.. ..	4.05	
ports	A85M	4.00	.. ..	6.00	
orks 1-10	A135W	3.10			
refill	A135R	1.275			
orks 1-50	A136W	4.375			
refill	A136R	2.45			
works over 50					
	A137W	6.125			
refill	A137R	4.35			
transport	A151M	2.70			
refill	A151R	1.75			
office, shops and railway premises					
	A12	0.75	.. ..	1.13	
refill	A12R	0.675			
	A13	1.35	.. ..	2.03	
	A13R	1.237			
	A14	3.175	.. ..	4.76	
	A14R	1.375			
	A15	3.437	.. ..	5.15	
	A15R	2.237			
	A16	4.40	.. ..	6.60	
	A16R	2.237			
	A17	6.25	.. ..	9.38	
	A17R	3.65			
farms outfit A	A20	0.787	.. ..	1.18	
refill	A20R	0.625	.. ..	0.96	
outfit B	A21	1.175	.. ..	1.76	
refill	A21R	1.05	.. ..	1.58	
RAC car & home					
	A214	1.71	.. ..	2.63	
flannel bandage B.P.C.					
3 in x 4 yd		3.58dz	.. ..	0.40	
4 in x 4 yd		4.72dz	.. ..	0.53	
6 in x 4 yd		7.03dz	.. ..	0.77½	
gauze B.P.C.					
1 yd		0.96dz	.. ..	0.12	
3 yd		2.03dz	.. ..	0.25½	
6 yd		3.65dz	.. ..	0.43½	
12 yd		7.10dz	.. ..	0.84	
pads (swabs)					
8 ply	3 in x 3 in 5	0.50dz	.. ..	0.06½	
	3 in x 3 in 100	0.38			
	4 in x 4 in 100	0.59			
12 ply	4 in x 4 in 100	0.82			
16 ply	2 in x 2 in 100	0.33			
	3 in x 3 in 100	0.50			
gauze and cotton tissue B.P.C.	1 lb	0.57	.. ..	0.76	
Drug Tariff No.4	1 lb	0.49	.. ..	0.62½	
ileo-colostomy bags					
sealed one end					
12 x 5		0.408dz			
18 x 5		0.437dz			
12 x 4		0.383dz			
18 x 4		0.408dz			
sealed both ends					
12 x 5		0.437dz			
12 x 4		0.408dz			
18 x 5		0.462dz			
18 x 4		0.437dz			
lint absorbent B.P.C.					
	½ oz	0.64dz	.. ..	0.08	
	2 oz	0.94dz	.. ..	0.11½	
	4 oz	1.80dz	.. ..	0.22	
	8 oz	3.07dz	.. ..	0.36	
	1 lb	0.93dz	.. ..	1.29	
boric B.P.C. '63	1 oz	0.96dz	.. ..	0.12	
	2 oz	1.78dz	.. ..	0.21½	
	4 oz	3.24dz	.. ..	0.34½	
	8 oz	5.90dz	.. ..	0.64½	
	1 lb	0.99	.. ..	1.18½	
multipack dressing	No.1	2.80dz	.. ..	0.31½	
	No.2	5.72dz	.. ..	0.66	
rigid porous belladonna plasters					
BPC 7½ in x 5 in		0.67dz	.. ..	0.08	
11 in x 7 in		1.35dz	.. ..	0.16½	
red flannelette					
7½ x 5 in		0.99dz	.. ..	0.12	
11 in x 7 in		1.99dz	.. ..	0.25	
rigid zinc oxide plaster					
½ in x 1 yd		0.39dz	.. ..	0.05	
1 in x 1 yd		0.53dz	.. ..	0.06½	
½ in x 3½ yd		0.90dz	.. ..	0.11	
1 in x 3½ yd		1.25dz	.. ..	0.15½	
½ in x 5 yd		1.18dz	.. ..	0.15	
1 in x 5 yd		1.72dz	.. ..	0.21½	
2 in x 5 yd		2.90dz	.. ..	0.35	
3 in x 5 yd		3.95dz	.. ..	0.48	
½ in x 10 yd		1.67dz	.. ..	0.20	
1 in x 10 yd		2.61dz	.. ..	0.31½	
2 in x 10 yd		4.17dz	.. ..	0.49	
3 in x 10 yd		5.89dz	.. ..	0.70	
standard dressing	No.2	1.68dz	.. ..	0.21	
	No.3	0.35dz	.. ..	0.04	
	No.4	0.49dz	.. ..	0.06	
	No.7	0.32dz	.. ..	0.04	
	No.8	0.54dz	.. ..	0.07	
	No.9	0.85dz	.. ..	0.11	
	No.10	0.35dz	.. ..	0.04	
	No.11	0.57dz	.. ..	0.07	
	No.12	0.89dz	.. ..	0.11	
	No.13	0.69dz	.. ..	0.08	
	No.14	0.92dz	.. ..	0.12	
	No.15	1.36dz	.. ..	0.17	
	No.16	0.64dz	.. ..	0.08	
triangular bandages					
36 in sides		1.42dz	.. ..	0.17	
38 in sides		1.55dz	.. ..	0.18½	
white wool felt 1 yd x 18 in wide					
semi compressed	3/16 in	2.25			
	5/16 in	2.85			
	7/16 in	3.65			
soft	3/16 in	1.92			
	5/16 in	2.60			
CVK (2 Abbott)					
capsules 125 mg 100 and 500					d
CYCLAX (341 Cyclax)					
anti-shine foundation	50 cc	.. ..	.. ..	0.95	
creme blusher		.. ..	.. ..	0.60	
eye make up creme eyeshadow		.. ..	.. ..	0.60	
DANS LA NUIT (1350 Worth)					
eau de Cologne	57 cc	.. ..	.. ..	1.80	
	114 cc	.. ..	.. ..	3.00	
	228 cc	.. ..	.. ..	5.20	
	½ l	.. ..	.. ..	8.80	
	1 l	.. ..	.. ..	16.00	
eau de toilette	57 cc	.. ..	.. ..	2.30	
	114 cc	.. ..	.. ..	4.20	
	228 cc	.. ..	.. ..	6.50	
	½ l	.. ..	.. ..	11.90	
	1 l	.. ..	.. ..	20.80	
parfum					
Bijou	7 cc	.. ..	.. ..	3.70	
Flacon Boule	14 cc	.. ..	.. ..	4.40	
Plat	28 cc	.. ..	.. ..	7.40	
	56 cc	.. ..	.. ..	12.90	
Le Medaillon	7 cc	.. ..	.. ..	3.40	
Traveller	3.5 cc	.. ..	.. ..	2.30	
soap toilet (3)		.. ..	.. ..	1.60	
talcum	92 g	.. ..	.. ..	1.40	
DARACLOR (208 BW)					
tablets	4	0.06	.. ..	0.09	
DARCREME (1630 R&RL)					
hair darkening cream	125 cc	2.32dz	0.58dz	0.36	
DARICON (969 Pfizer)					
tablets 5 mg	100	1.30	0.325		
D.D.D. (359 DDD)					
(distributors 366 Dendron)					
ordinary	16 oz				d
extra strong	16 oz				d
balm	16 oz				d
DEBS (1073 Robinson)					
cotton wool balls coloured	50	0.72dz	.. ..	0.09	
	100	1.28dz	.. ..	0.16	
DECKERS (923 OG)					
bay rum					d
DELTACORTRIL (969 Pfizer)					
intramuscular/intra-articular injection 25 mg/1 ml	5 ml	1.35			TS
tablets 1 mg	100	0.29			TS
5 mg	100	0.94			TS
	500	4.20			TS
enteric-coated 2.5 mg	100	0.66			TS
	500	2.88			TS
DEPIXOL (779 Lundbeck)					
(distributors 1556 Farillon)					
ampoules 20 mg/ 1 ml	10	8.00			†s4B
40 mg/2 ml	10	12.50			†s4B
DERL (1314 Weddel)					
medicated toilet soap		0.71dz	0.09dz	0.09½	
DETTOL (1037 Reckitt)					
	1 gal	16.80dz	3.832dz	2.00	
D'HAUSSEY (477 AF&B)					
depilatory pads		0.25dz	0.0625dz	0.04	
DIABINESE (969 Pfizer)					
tablets 100 mg	100	1.06			†s4B
250 mg	100	2.33			†s4B
DIAMON-DEB (957 Perl)					
foot file		10.68dz	.. ..	1.50	
DIAMOX (746 Lederle)					
sodium parenteral	500 mg	1.88	.. ..		
DIETADE (840 EMF)					
fruit sugar		0.188	.. ..	0.25	
DIGOPAK (1345 Woodward)					
tablets 0.25 mg	100	0.18	.. ..	0.27	†s1
DIRTY PAWS (683 Kay)					
entire entry					d
DIRTY PAWS (1638 R & CHD)					i
hand cleanser	1 gal	0.58	.. ..	0.68	
DISTAQUAINE-V (378 Dista)					
tablets 250 mg	100				d
DOMESTOS (756 Lever)					
large		2.38 (1⅔ dz)	.. ..	0.13½	
giant		1.736dz	.. ..	0.16½	
family		2.057dz	.. ..	0.19½	
	regular				d
DOROTHY GRAY (536 GPL)					
Glossies, nail		0.26	0.062	0.45	
Dr D's (1465 DDP)					
existing entry					d
DR D'S (1465 DDP)					
Cue	14 ml	2.10	0.525dz	0.30	
day vitamin cream	28 ml	4.20dz	1.05dz	0.63	
	56 ml	7.00dz	1.75dz	1.08	
Footease	28 ml	2.32dz	0.58dz	0.35	

		Trade £.p	Tax £.p	Retail £.p	
night vitamin cream					
	28 ml	4.20dz	1.05dz	*0.63*	
	56 ml	7.00dz	1.75dz	*1.08*	
	113 ml	11.50dz	2.875dz	*1.75*	
nocturne cleansing cream					
	56 ml	2.08dz	0.52dz	*0.31*	
	113 ml	3.60dz	0.90dz	*0.54*	
presentation hand lotion					
	113 ml	4.00dz	1.00dz	*0.60*	
Rosedew toning lotion					
	113 ml	3.40dz	0.85dz	*0.50*	
Serenade body lotion					
	113 ml	3.60dz	0.90dz	*0.54*	
Spring moisture	56 ml	4.20dz	1.05dz	*0.63*	
	113 ml	6.60dz	1.65dz	*0.98*	
Zephyr toning lotion					
	113 ml	4.20	1.05dz	*0.70*	
DREAMLAND (1501 DA)					*d*
DREAMLAND (1501 DGL)					*i*
DUNLOP (396 DC)					
entire entry					*d*
DUNLOP (396 DC)					*i*
hot water bottles					
Cosimax		2.02	.. ..	*2.60*	
Flag		0.48	.. ..	*0.72*	
Symbol		0.48	.. ..	*0.72*	
DUOBAN 50 (339 CG)					
stretch bandage					
	2 in	1.18dz			
	3 in	1.69dz			
	4 in	2.20dz			
	6 in	3.23dz			
DURENATE (97 Bayer)					
suspension	40 ml	0.41			†s4BTS
tablets 0.5 g	8	0.26			†s4BTS
	100	2.64			†s4BTS
	500	11.76			†s4BTS
EAREX (188 BSH)					
industrial ear defenders		2.00	.. ..	*3.00*	
EAU DE FRAICHEUR (Weil) (961 EGP)					
eau de Cologne	2 oz	0.97	0.242	*1.80*	
	4 oz	1.57	0.392	*2.90*	
	8 oz	2.38	0.595	*4.40*	
atomiser	2 oz	1.14	0.285	*2.10*	
	3½ oz	1.95	0.487	*3.60*	
foam bath	6½ oz	0.97	0.242	*1.80*	
soap	3¾ oz	0.32	0.08	*0.60*	
ELASTOPLAST (1155 S&N)					
first aid dressings					
airstrip	7920	0.935dz	.. ..	*0.11*	
	7921	1.440dz	.. ..	*0.17*	
dispenser pack					
	7983	0.600dz	.. ..	*0.07*	
stretch fabric	4120	0.935dz	.. ..	*0.11*	
	4121	1.44dz	.. ..	*0.17*	
dispenser pack					
	4183	0.60dz	.. ..	*0.07*	
ELESTOL (97 Bayer)					
tablets	dp 30	0.62			TS
	dp 150	2.84			TS
ELEVEN (76 Atkinson)					
bath salts	400 g	.. ..		*1.50*	
eau de Cologne	44.2 cc	.. ..		*1.60*	
	92.5 cc	.. ..		*2.55*	
atomiser	58 cc	.. ..		*2.80*	
parfum de toilette	44 cc	.. ..		*2.10*	
	88.5 cc	.. ..		*3.50*	
extract		.. ..		*4.80*	
soap (1)		.. ..		*0.55*	
(3)		.. ..		*1.65*	
EMLAB (848 Minnesota)					
brewers yeast tablets	50	1.26dz	.. ..	0.15	
	100	2.01dz	.. ..	0.24	
	250	3.28dz	.. ..	0.39	
childrens cough mixture					
	125 ml	1.50dz	0.375dz	0.21	
corn and wart application					
	5 ml	0.93	0.238	0.13	
halibut liver oil capsules					
	100	1.35dz	.. ..	0.16	
iron & brewers yeast tablets					
	50	1.26dz	.. ..	0.15	
	100	2.01dz	.. ..	0.24	
	250	3.28dz	.. ..	0.39	
rubber gloves		1.46	0.164	0.19	
tooth tincture	5 ml	0.93	0.238	0.13	
EMPIRIN (208 BW)					
compound pack of 500					*d*
ENTEROSAN (1627 B&D)					
tablets	16	1.40dz	0.35dz	*0.20*	
	48	3.75dz	0.94dz	*0.55*	
ENTRAMIN (971 PSMB)					
entire entry					*d*
ENVACAR (969 Pfizer)					
tablets 10 mg	100	2.34			
	500	11.34			
40 mg	100	8.78			
EPANUTIN (938 PD)					
capsules 0.1 g	100	0.26	.. ..	0.39	†s4B
	1000	2.30	.. ..	3.45	†s4B
0.05 g	100	0.20	.. ..	0.30	†s4B
	1000	1.80	.. ..	2.70	†s4B
with phenobarbitone					
	100	0.36	.. ..	0.54	†s1s4A
	1000	3.25	.. ..	4.88	†s1s4A
EPONTOL (97 Bayer)					
ampoules 10 ml	5	0.73			
	25	3.31			

		Trade £.p	Tax £.p	Retail £.p	
EQUIPAGE (1525 PDP)					
after shave aerospray					
	4 oz	.. ..		*2.90*	
gel	4 oz	.. ..		*2.50*	
lotion	4 oz	.. ..		*1.95*	
	8 oz	.. ..		*2.95*	
bi-shaving cream	4 oz	.. ..		*0.90*	
deodorant aerospray					
	4 oz	.. ..		*2.20*	
eau de toilette	4 oz	.. ..		*2.80*	
	8 oz	.. ..		*4.60*	
	16 oz	.. ..		*6.95*	
	32 oz	.. ..		*10.85*	
atomiser		.. ..		*3.90*	
shaving foam	8 oz	.. ..		*1.70*	
soap toilet (1)	5 oz	.. ..		*0.95*	
(3)		.. ..		*2.85*	
talcum	3 oz	.. ..		*1.05*	
duo-shave creme	4 oz				*d*
EQUIPOSE (969 Pfizer)					
capsules 25 mg	50	0.98			†s4B
100 mg	50	1.48			†s4B
EQUIVERT (969 Pfizer)					
tablets	100	1.57			
ERASMIC (412 Elida-Gibbs)					
shaving cream					
superfoam	standard	1.48dz	0.37dz	*0.19½*	
ERYTHROCIN (2 Abbott)					
(distributors 938 PD)					
(vet.)					
premix	4 lb	11.31	.. ..	*16.96½*TS	
proportioner					
	23.12 g	3.00	.. ..	*4.50* TS	
water soluble improved					
	70 g	1.41	.. ..	*2.11½*TS	
ERYTHROCIN I.V. (2 Abbott)					
(distributors 938 PD)					
50 mg/ml	vial 2 g	1.06	.. ..	*1.59* TS	
ERYTROTIL (2 Abbott)					
(distributors 938 PD)					
(vet.)					
I.M.	50 ml	3.25	.. ..	*4.87½*TS	
intramammary					
	12 syringes	1.35	.. ..	*2.02½*TS	
dry cow	12 syringes	1.85	.. ..	*2.77½*TS	
EQUIZOLE (837 MSD)					
pellets (vet.)	4 oz	4.35 (1⅓ dz)	.. ..	*0.36*	
Ethyl Chloride (115 Bengue)					
general	50 ml	0.40	.. ..	0.53	
	refill	0.26	.. ..	0.35	
	100 ml	0.60	.. ..	0.80	
	refill	0.45	.. ..	0.60	
local	30 ml	0.37	.. ..	0.49½	
	refill	0.23	.. ..	0.31	
	50 ml	0.37	.. ..	0.49½	
	refill	0.26	.. ..	0.35	
	100 ml	0.60	.. ..	0.80	
	refill	0.45	.. ..	0.60	
EUGENE (431 Eugene)					
Ten day colour set	20 cc	0.65dz	.. ..	*0.11*	
EUPNINE VERNADE (1336 WJ&C)					*d*
EUPNINE VERNADE (1336 WL)					*i*
	100 ml	0.52	0.13	*0.91*	
EXCEDRIN (172 BMCL)					
tablets	36	0.181	0.045	0.29	
EXECUTIVE (76 Atkinson)					
after shave	98 cc	.. ..		*1.15*	
	158 cc	.. ..		*2.00*	
emulsion	100 g	.. ..		*1.25*	
bath foam	110 g	.. ..		*1.10*	
Cologne	98 cc	.. ..		*1.65*	
	158 cc	.. ..		*2.85*	
travel flask	770 cc	.. ..		*2.20*	
deodorant spray	84 g	.. ..		*1.10*	
eau de toilette	67 cc	.. ..		*2.00*	
	158 cc	.. ..		*3.50*	
shaving cream	85 g	.. ..		*0.65*	
foam	155 g	.. ..		*0.85*	
EXPIRAL (2 Abbott)					
(distributors 938 PD)					
(vet.) 200 mg/ml					
	100 ml	0.53	.. ..	*0.79½*†s1s4A	
EXPLOIT (76 Atkinson)					
bath foam	105 g	.. ..		*1.00*	
	230 g	.. ..		*1.80*	
eau de Cologne	45 cc	.. ..		*1.30*	
	81 cc	.. ..		*2.25*	
	108 cc	.. ..		*2.75*	
soap (1)		.. ..		*0.50*	
(3)		.. ..		*1.50*	
FABAHISTIN (97 Bayer)					
suspension	100 ml	0.31			†s7
tablets 0.05 g	20	0.21			†s7
	250	2.54			†s7
FALCON (103 Beecham)					
anti-perspirant spray					
deodorant		3.83dz	0.96dz	*0.50*	
liquid hairdressing		3.065dz	0.77dz	*0.40*	
hair spray		3.065dz	0.77dz	*0.40*	
FEEL FREE (514 Gillette)					
antiperspirant	130 g	2.99dz	0.71dz	*0.41*	
	190 g	3.72dz	0.89dz	*0.51*	
FELSOL (181 Felsol)					
(distributors 115 Bengue)					
powders	12	0.14	0.035	0.22½	
	60	0.56	0.14	0.89	
	dp 90	0.84			
FEMME (1612 Rochas)					*d*
FEMME (1633 Rochas)					*i*

		Trade £.p	Tax £.p	Re £
FE PAK (1345 Woodward)				
tablets 300 mg	100	0.18	.. ..	0.2
FE PAK-FOLIC (1345 Woodward)				
tablets	30	0.15	.. ..	0.2
	100	0.30	.. ..	0.4
FERRO-MANDETS (746 Lederle)				
tablets	60	0.44	.. ..	
	1000	5.00		
FERROTONE (1054 R&B)				
	21	0.99	.. ..	
FIELDS (893 Nicholas) existing entry				
FIELDS OF BOND STREET (894 Nicholas)				
talcum				
flowers, pink, moss				0.2
shave sticks				0.0
FIERY JACK (488 Fylde)				
ointment		1.50dz	0.37dz	0.2
FLAIR (1355 Yardley)				
dusting powder	4809	0.845	0.211	1.4
Cologne	4884	0.554	0.139	0.5
spray mist	4845	0.794	0.199	1.3
crystallized	4870	0.371	0.093	0.6
perfume ¼ oz	4891	0.771	0.193	1.3
soap	4862	0.138	0.035	0.2
talcum	4807	0.280	0.070	0.4
FLEXOPLAST (1073 Robinson)				
doctors set	04290	1.20		
refill	04291	1.005		
elastic bandage adhesive				
BPC full spread				
2in x 3 yd	04406	2.92dz		
2½in x 3yd	04407	3.63dz		
3in x 3yd	04408	4.145dz		
4in x 3yd	04409	5.58dz		
1in x 3yd & 6in x 3yd				
BPC half spread				
BPC ventilated				
2in x 3yd	04416	2.92dz		
2½in x 3yd	04417	3.63dz		
3in x 3yd	04418	4.145dz		
4in x 3yd	04419	5.58dz		
1in x 3yd and 6in x 3yd				
elastic plaster adhesive				
1in x 1yd	04550	0.905dz		
2in x 1yd	04551	1.45dz		
½in x 3yd	04552	1.27dz		
1in x 3yd	04553	1.815dz		
first aid strip dressings				
1½in x 1yd	04310	1.23dz		
2½in x 1yd	04311	1.665dz		
3in x 1yd	04312	1.915dz		
first aid dressing				
outfit "A"	04304	067		
"B"	04308	0.655		
pocket tins	04253	0.605dz		
	04254	1.21dz		
wound dressings flexible BPC				
1½in x 2in	04260	0.60dz		
2in x 3in	04261	0.755dz		
flexible dressing strips				
¾ x ½in x 144	04275	0.57		
¾ x 2½in x 144				
	04276	0.63		
¾ x 3in x 144	04277	0.675		
FLORIS (468 F)				
pot pourri				
sachet (lace edged)		0.35	0.088	0.
FOCUS (1242 Toni)				
hair highlight		1.46dz	0.35dz	0.
FOLVRON (746 Lederle)				
tablets	100	0.45	.. ..	
FONTAREL (472 Fontarel)				
Ormarin				
eau de toilette	45 cc	.. ..		0.
	120 cc	.. ..		1.
	240 cc	.. ..		2.
satin lotion	193 cc	.. ..		2.
talcum powder	80 g	.. ..		0.
FORCEVAL-PROTEIN (1367 Unigreg)				
	300 g	0.90	.. ..	1.
FORTIOR (878 Napp)				
capsules	25	0.21	.. ..	0.
	150	1.05	.. ..	1.
tablets				
FREESIA (1355 Yardley)				
bath salt tablets	1826	0.228	0.057	0.
creme perfume	1873	0.434	0.109	0.
crystallized Cologne				
	1870	0.371	0.093	0.
perfume	1891	0.714	0.179	1.
perfumed Cologne	1884	0.434	0.109	0.
spray mist	1845	0.737	0.184	1.
talcum	1807	0.209	0.052	0.
	1807L	0.280	0.07	0.
toilet soap	1862	0.138	0.035	0.
FRESH & DRY (172 BMCL)				
alpine, blue and herbal				
aerosol	120 g	0.249	0.062	0.
	165 g	0.318	0.08	0.
roll on	28 cc	0.19	0.048	0.
	42 cc	0.236	0.059	0.
refill	28 cc	0.179	0.045	0.
FRESH'N DAINTY (506 Gerhardt)				
perfume Colognes		0.50	0.12½	0.
FRESH'N QUICK (903 NPU)				
cleansing pads		1.08 (2 dz)	0.27 (2 dz)	0.
FUCIDIN (747 Leo)				
ointment	10 g	0.35	.. ..	0.
	25 g	0.75	.. ..	1.

		Trade £.p	Tax £.p	Retail £.p	
DIN H (747 Leo)					
ment	10 g	0.38	.. ..	0.57	TS
	25 g	0.80	.. ..	1.20	TS
IL (1336 WL)					
ir	200 ml	0.40	0.10	*0.70*	†s4B
	500 ml	0.80	0.20	*1.40*	†s4B
OF LONDON (876 MP)					
air					
fter bath lotion					
	1GK5	4.26dz	1.065dz	*0.65*	
ody and bath foam					
	1GJ7	4.90dz	1.225dz	*0.75*	
ologne spray					
	1GR3	6.46dz	1.615dz	*0.95*	
ream perfume	1GK9	5.57dz	1.3925dz	*0.85*	
ilk bath	1GK7	6.46dz	1.615dz	*0.95*	
erfume oil	1DJ8	2.30dz	0.575dz	*0.35*	
erfume atomiser					
	1GK8	4.58dz	1.145dz	*0.70*	
lcum	1GK6	3.93dz	0.9825dz	*0.60*	
zure cleanser	1GE9	3.93dz	0.9825dz	*0.60*	
moisture	1GF2	4.26dz	1.065dz	*0.65*	
toner	1GF1	3.93dz	0.9825dz	*0.60*	
are Blush	1GP6	3.27dz	0.8175dz	*0.50*	
arely Frosted	1GJ2	2.94dz	0.735dz	*0.45*	
arely There	1GB8	2.94dz	0.735dz	*0.45*	
ake liner	1GC3	2.62dz	0.655dz	*0.40*	
omplexion brush					
	1GE3	4.90dz	1.225dz	*0.75*	
yebrow pencil	1GE8	1.30dz	0.325dz	*0.20*	
ye catchers	1GL8	4.26dz	1.065dz	*0.65*	
ye glimmers	1G99	2.62dz	0.655dz	*0.40*	
yelashes					
fine lash	1GP8	5.24dz	1.31dz	*0.80*	
natural lash	1GP9	5.24dz	1.31dz	*0.80*	
half measures					
	1GH7	4.90dz	1.225dz	*0.75*	
full measures					
	1GH6	5.57dz	1.3925dz	*0.85*	
lower lash	1GJ5	4.26dz	1.065dz	*0.65*	
ye instant liner					
	1GM9	4.26dz	1.065dz	*0.65*	
refill	1GN2	2.62dz	0.655dz	*0.40*	
ye liner brush	1G39	1.72dz	0.43dz	*0.25*	
ye liqui tints	1GL6	2.62dz	0.655dz	*0.40*	
ye make up remover					
	1GL3	1.97dz	0.4925dz	*0.30*	
ye shadow applicator					
	1GM8	1.72dz	0.43dz	*0.25*	
ye shaping brush					
	1G41	1.72dz	0.43dz	*0.25*	
owing velvet	1GC6	2.62dz	0.655dz	*0.40*	
olden cleanser					
	1GF6	3.93dz	0.9825dz	*0.60*	
moisture		4.26dz	1.065dz	*0.65*	
toner		3.93dz	09825dz	*0.60*	
and and body lotion					
	1GM3	2.62dz	0.655dz	*0.40*	
p pen	1GQ3	2.30dz	0.575dz	*0.35*	
psticks					
soft centre	1G93	3.27dz	0.8175dz	*0.50*	
super smooth					
	1GM6	2.30dz	0.575dz	*0.35*	
quid line	1G98	2.62dz	0.655dz	*0.40*	
ook Natural	1GC7	3.27dz	0.8175dz	*0.50*	
lashmaker	1GB3	4.58dz	1.145dz	*0.70*	
refill	1GB4	2.94dz	0.735dz	*0.45*	
nascara liqui lash					
	1GL5	3.60dz	0.90dz	*0.55*	
refill	1GL7	2.62dz	0.655dz	*0.40*	
natte shadow	1GD4	2.30dz	0.575dz	*0.35*	
ail polish	1GA1	1.97dz	0.4925dz	*0.30*	
remover	1GB7	1.72dz	0.43dz	*0.25*	
atural cleanser					
	1GF3	3.93dz	0.9825dz	*0.60*	
moisture					
	1GF5	4.26dz	1.065dz	*0.65*	
toner	1GF4	3.93dz	0.9825dz	*0.60*	
n lights					
ye lighter		2.94dz	0.735dz	*0.45*	
pstick		2.30dz	0.575dz	*0.35*	
ail polish		1.97dz	0.493dz	*0.30*	
light Life	1GN8	4.90dz	1.225dz	*0.75*	
ure moisture	1GN7	4.90dz	1.225dz	*0.75*	
ensitive cleanser					
	1GN4	4.58dz	1.145dz	*0.70*	
freshner	1GN5	4.58dz	1.145dz	*0.70*	
adow stick	1GA7	2.30dz	0.575dz	*0.35*	
heer Finish	1GC8	1.97dz	0.4925dz	*0.30*	
kin bronzer	1GB2	3.27dz	0.8175dz	*0.50*	
ranslucent powder					
	1GD2	3.27dz	0.8175dz	*0.50*	
ash off	1GN3	2.94dz	0.735dz	*0.45*	
ath foam					*d*
EE (1073 Robinson)					
ie BPC	4 oz	2.028dz			
	8 oz	0.303			
	16 oz	0.575			
ink label	4 oz	1.764dz			
	8 oz	0.26			
	16 oz	0.488			
ILHOMME (Weil) (961 EGP)					
r shave	2 oz	0.81	0.225	*1.50*	
	4 oz	1.19	0.297	*2.20*	
ogne	2 oz	0.97	0.242	*1.80*	
	4 oz	1.57	0.392	*2.90*	
dorant stick	1½ oz	0.43	0.107	*0.80*	
	3¾ oz	0.32	0.08	*0.60*	

		Trade £.p	Tax £.p	Retail £.p	
GIBBS (412 Elida-Gibbs)					
toothbrush	longhead	1.005dz	.. ..	*0.12*	
	shorthead	1.005dz	.. ..	*0.12*	
GILLETTE (514 Gillette)					
existing entry for Techmatic cartridge					*d*
Techmatic					
cartridge refill		4.08 (20)	1.00 (20)	*0.35*	
G 11					
cartridge refill		3.85 (20)	0.94 (20)	*0.33*	
GOLDEN BABE (761 Lilia-White)					
cotton wool balls		.. ..	.. ..	*0.17*	
pleated wool		.. ..	.. ..	*0.08½*	
HALO (280 CP)					
hairspray	standard	2.26dz	0.57dz	*0.29*	
	large	3.20dz	0.80dz	*0.41*	
set with conditioner		0.95dz	0.24dz	*0.12*	
	sachet	1.15 (3dz)	0.29 (3dz)	*0.05*	
	standard	1.62dz	0.40dz	*0.21*	
	large	2.46dz	0.62dz	*0.32*	
HARMONY (412 Elida-Gibbs)					
hairspray	standard	1.85dz	0.465dz	*0.24*	
	large	2.495dz	0.625dz	*0.33*	
	economy	3.825dz	0.955dz	*0.51*	
HELENA RUBINSTEIN (596 HR)					
minute eyeshadow winkies		.. ..	.. ..	*0.50*	
HELIOS (1025 RC&C)					
entire entry					*d*
HEXOPAL (1599 Winthrop)					
tablets 200 mg	40	0.41	.. ..	0.61½	
500 mg	100	2.20	.. ..	3.30	
HILL'S (605 Hill's)					
balsam pastilles		0.102	0.025	0.16½	
bronchial balsam					
	100 ml	0.138	0.035	0.23	†DDI
	200 ml	0.224	0.056	0.37	†DDI
junior balsam	100 ml	0.108	0.027	0.18	
HOLD & SHINE (1038 R&C)					
hair spray	6 oz	1.84dz	0.46dz	*0.23*	
	12 oz	2.99dz	0.75dz	*0.39*	
HUMATIN (938 PD)					
syrup	500 ml				*d*
HYPON (1610 WCSD)					
tablets	10	0.68 (10/12 dz)	0.17 (10/12 dz)	0.12	†DDI.
	50	2.64dz	0.66dz	0.38½	†DDI
	125	0.46	0.115	0.81	†DDI
	300	1.08	.. ..		†DDI
	600	2.03	.. ..		†DDI
I.C.I. (649 ICI)					
Nilverm	1 l	3.94			
	2½ l	8.98			
	600 ml				*d*
IMIPAK (1345 Woodward)					
tablets 25 mg	30	0.30	.. ..	0.45	†s4B
	100	0.66	.. ..	0.99	†s4B
IMPOSIL 200 (1530 Fisons)					
vial	20 ml	0.67			
	100 ml	2.33			
	50 ml				*d*
IMPRUDENCE (1350 Worth)					
eau de Cologne	57 cc	.. ..	.. ..	*1.80*	
	114 cc	.. ..	.. ..	*3.00*	
	228 cc	.. ..	.. ..	*5.20*	
	½ l	.. ..	.. ..	*8.80*	
	1 l	.. ..	.. ..	*16.00*	
eau de toilette	57 cc	.. ..	.. ..	*2.30*	
	114 cc	.. ..	.. ..	*4.20*	
	228 cc	.. ..	.. ..	*6.50*	
	½ l	.. ..	.. ..	*11.90*	
	1 l	.. ..	.. ..	*20.80*	
parfum					
Bijou	7 cc	.. ..	.. ..	*3.70*	
Flacon Luxe	14 cc	.. ..	.. ..	*5.50*	
	28 cc	.. ..	.. ..	*9.10*	
	56 cc	.. ..	.. ..	*16.30*	
Plat	150 cc	.. ..	.. ..	*30.20*	
Le Medaillon	7 cc	.. ..	.. ..	*3.40*	
INCO (1073 Robinson)					
pads	10	3.675dz			
roll		4.02 (3 dz)			
tissues standard	200	0.575			
large	100	0.575			
INECTO (1028 Rapidol)					
peach nut oil conditioner					
	sachet	1.10 (2 dz)	0.27 (2 dz)	*0.08*	
shampoo	200 cc	2.64dz	0.66dz	*0.39*	
INFACARE (1055 RM)					
	125 cc	1.895dz	0.475dz	*0.25*	
	250 cc	3.41dz	0.855dz	*0.45*	
	500 cc	6.06dz	1.52dz	*0.80*	
INGRAM (172 BMCL)					
shaving cream brushless		0.121	0.03	*0.19*	
lather		0.121	0.03	*0.19*	
	economy	0.156	0.039	*0.25*	
INNOXA (654 Innoxa)					
deodorant antiperspirant 41					
	aerosol	.. ..	.. ..	*0.57*	
facial mask 41	sachet	.. ..	.. ..	*0.05*	
INOTYOL (346 Dales)					
(distributors 1556 Farillon)					*i*
IODHEMA NATIVELLE (1336 WJ&C)					*d*
IODHEMA NATIVELLE (1336 WL)					*i*
INTERVAL (1465 DDP)					
handcream	28 ml	2.32dz	0.59dz	*0.35*	

		Trade £.p	Tax £.p	Retail £.p	
boric	25 gm	0.075	.. ..	*0.10*	
	56 ml	4.00dz	1.00dz	*0.60*	
	113 ml	6.60dz	1.65dz	*0.98*	
1oz, 2oz and 4oz packs					*d*
INTRALIPID (930 P&B)					
20%	100 ml	2.50			
	500 ml	5.74			
INTRAMYCETIN (938 PD)					
(vet.) vial	10 ml	0.35	.. ..	*0.53*	TS
	30 ml	0.97	.. ..	*1.46*	TS
	75 ml	1.94	.. ..	*2.91*	TS
IROFOL C (2 Abbott)					
pack of 600					*d*
ISOLEVIN (1352 Wyeth)					
spray solution 10 ml					*d*
JEAN PATOU (386 Douek)					
bronze de chaldee		1.10	0.275	*1.95*	
huile de chaldee		0.85	0.212	*1.50*	
JE REVIENS (1350 Worth)					
bath oil	14 cc	.. ..	.. ..	*2.50*	
dusting powder	225 g	.. ..	.. ..	*3.30*	
tortoiseshell	225 g	.. ..	.. ..	*5.60*	
refill	225 g	.. ..	.. ..	*2.70*	
eau de Cologne	57 cc	.. ..	.. ..	*1.80*	
	114 cc	.. ..	.. ..	*3.00*	
	228 cc	.. ..	.. ..	*5.20*	
	½ l	.. ..	.. ..	*8.80*	
	1 l	.. ..	.. ..	*16.00*	
Boule Luxe	150 cc	.. ..	.. ..	*4.90*	
eau de toilette	57 cc	.. ..	.. ..	*2.30*	
	114 cc	.. ..	.. ..	*4.20*	
	228 cc	.. ..	.. ..	*6.50*	
	½ l	.. ..	.. ..	*11.90*	
	1 l	.. ..	.. ..	*20.80*	
Boule Luxe	150 cc	.. ..	.. ..	*5.90*	
parfum de toilette					
atomizer (de luxe)					
	80 g	.. ..	.. ..	*8.00*	
refill	80 g	.. ..	.. ..	*4.00*	
(sport)	80 g	.. ..	.. ..	*5.60*	
parfum					
atomizer (handbag)					
	7 cc	.. ..	.. ..	*6.50*	
refill	7 cc	.. ..	.. ..	*4.30*	
Bijon	7 cc	.. ..	.. ..	*3.70*	
Flacon Luxe	9.5 cc	.. ..	.. ..	*4.50*	
	14 cc	.. ..	.. ..	*6.50*	
	62 cc	.. ..	.. ..	*18.40*	
	4 oz	.. ..	.. ..	*28.70*	
	½ l	.. ..	.. ..	*79.20*	
Plat	28 cc	.. ..	.. ..	*10.30*	
	56 cc	.. ..	.. ..	*17.10*	
Le Medaillon	7 cc	.. ..	.. ..	*3.40*	
traveller	3.5 cc	.. ..	.. ..	*2.30*	
soap, bath		.. ..	.. ..	*1.40*	
toilet (3)		.. ..	.. ..	*1.60*	
talc glace	64 g	.. ..	.. ..	*1.10*	
	92 g	.. ..	.. ..	*1.50*	
flacon	92 g	.. ..	.. ..	*1.40*	
JEYES (671 Jeyes)					
fluid	284 ml	1.17dz		*0.11½*	
	570 ml	1.79dz	.. ..	*0.19*	
	1.14 l	3.20dz	.. ..	*0.34*	
	1 gal	0.87	.. ..	*1.11*	
	5 gal	3.60	.. ..	*4.24*	
Freshbin powder	680 g	1.22dz	.. ..	*0.12*	
toilet flats					
soft single		2.57 (4 dz)	.. ..	*0.07*	
double		2.38 (2 dz)	.. ..	*0.12½*	
babysoft single		2.23 (4 dz)	.. ..	*0.06½*	
double		2.14 (2 dz)	.. ..	*0.11½*	
superstrong single		3.30 (4 dz)	.. ..	*0.08½*	
double		3.04 (2 dz)	.. ..	*0.15½*	
toilet rolls					
babysoft twin		2.20 (1½ dz)	.. ..	*0.13*	
JOHNSONS (672 Johnson)					
bandages W.O.W. BPC					
2.5cm x 5m		0.032	.. ..	*0.04*	
5cm x 5m		0.052	.. ..	*0.07*	
7.5cm x 5m		0.073	.. ..	*0.10*	
10.5cm x 5m		0.093	.. ..	*0.12*	
bandages crepe BPC					
5cm x 4.5m		0.140	.. ..	*0.18*	
7.5cm x 4.5m		0.201	.. ..	*0.27*	
10cm x 4.5m		0.269	.. ..	*0.36*	
15cm x 4.5m		0.391	.. ..	*0.52*	
cellulose wadding BPC					
	500 g	0.223	.. ..	*0.30*	
cotton wool BPC	25 g	0.047	.. ..	*0.06*	
	100 g	0.130	.. ..	*0.17*	
	500 g	0.538	.. ..	*0.72*	
cotton wool hospital					
	100 g	0.105	.. ..	*0.14*	
	500 g	0.415	.. ..	*0.55*	
dental floss		0.114	0.029	*0.18½*	
dressing pack sterilised		0.104	.. ..	*0.14*	
gauze rolls BPC	1 m	0.086	.. ..	*0.11*	
	3 m	0.187	.. ..	*0.25*	
	5 m	0.285	.. ..	*0.38*	
	10 m	0.555	.. ..	*0.74*	
gauze & cotton tissue					
BPC	500 gm	0.637	.. ..	*0.85*	
Drug Tariff	500 gm	0.535	.. ..	*0.71*	
incontinence pads	12	0.403	.. ..	*0.54*	

		Trade £.p	Tax £.p	Retail £.p
lint rolls				
BPC	25 gm	0.071	.. ..	0.09
	100 gm	0.227	.. ..	0.30
	500 gm	1.021	.. ..	1.36
	100 gm	0.240	.. ..	0.32
multiple pack dressing				
	No. 1	0.242	.. ..	0.32
	No. 2	0.527	.. ..	0.70
N. A. dressings				
9.5cm x 9.5cm		0.031	.. ..	0.04
sterilized lint dressings				
	small	0.036	.. ..	0.06
	medium	0.053	.. ..	0.07
	large	0.082	.. ..	0.12
triangular bandage		0.119	.. ..	0.16
JOIE DE VIVRE (341 Cyclax)				
Cologne				
slim spray	17 cc	0.49	0.122	0.95
spray	47 cc	0.91	0.227	1.65
ocean bath gel		0.61	0.152	1.10
soap		0.42	0.105	0.75
talc		0.50	0.125	0.90
body moisturiser		0.55	0.137	1.00
JOY (Patou) (386 Douek)				
existing entry				d
JOY (Patou) (386 Douek)				i
dusting powder		4.03	1.007	7.15
eau de Joy	1 oz	3.10	0.775	5.50
	1½ oz	4.36	1.09	7.75
	3 oz	7.50	1.875	13.30
	6 oz	13.40	3.35	23.80
atomiseur	2 oz	6.98	1.745	12.40
vapomiseur	1½ oz	5.20	1.30	9.25
parfum				
le compagnon	⅛ oz	4.90	1.225	8.75
flaconette de luxe				
	¼ oz	5.70	1.425	10.25
flacon de luxe	½ oz	10.40	2.60	18.50
	1 oz	15.48	3.87	27.50
	1¾ oz	27.40	6.85	48.50
	2¾ oz	42.25	10.562	75.00
vapomiseur	¼ oz	6.00	1.50	10.75
soap (3)		3.63	0.907	6.45
velours de Joy skin lotion				
	3 oz	6.70	1.675	12.00
KERGAL (La Fermiere) (1222 Taunton)				
pure apple juice		2.035dz	0.365dz	0.27
KHADINE (1355 Yardley)				
Cologne		0.497	0.124	0.87
foam bath		0.436	0.109	0.77
mini-spray		0.391	0.098	0.69
perfume		0.714	0.179	1.25
soap		0.138	0.035	0.22
talc		0.209	0.052	0.37
KINX (1073 Robinson)				
pleated wool mini		2.975		
		(6 dz)		
		4.32		
		(3 dz)		
roll		3.60		
		(1⅔ dz)		
K-LENS (810 Maw)				
eye lotion		3.68dz	.. ..	0.46
KLING (672 Johnson)				
conforming bandage				
5cm x 3.5m		0.061	.. ..	0.08
7.5cm x 3.5m		0.079	.. ..	0.11
10cm x 3.5m		0.094	.. ..	0.13
15cm x 3.5m		0.130	.. ..	0.17½
KNIGHTS (756 Lever)				
castile soap	small	3.403	0.798	0.06½
		(6 dz)	(6 dz)	
	large	3.323	0.779	0.09½
		(4 dz)	(4 dz)	
	family	2.268	0.532	0.13
		(2 dz)	(2 dz)	
KODAK (711 Kodak)				
Instamatic				
pocket camera outfit				
	100	6.28	1.52	10.99
	200	8.05	1.96	14.16
	300	10.51	2.575	18.56
	400	15.31	3.655	26.89
	500	19.81	4.78	34.93
	50	31.96	7.99	57.16
	60	37.89	9.475	67.76
case	model 1	0.71	0.18	1.27
	model 2	0.92	0.23	1.65
	model 3	1.15	0.29	2.06
magicube extender		0.87	0.22	1.52
projectors				
Retinamat				
	model 210	24.75	6.19	44.26
	model 610	33.21	8.305	59.39
films				
black and white				
Verichrome Pan				
	VP 110	0.205	0.05	0.34½
colour cartridge				
Kodacolour II				
	C 110-12	0.41	0.105	0.60
	C 110-20	0.565	0.14	0.83
Ektachrome X				
	EX 110-20	0.665	0.165	0.97
Kodachrome X				
	KX 110-20	1.11	0.15	1.50
camera stand compact				
	model 2	1.62	0.405	2.90
chemicals				
anti fog powder	1 l	0.22	.. ..	0.33

		Trade £.p	Tax £.p	Retail £.p
colour film processing				
C22 unit 2				
	for 500 ml	0.82	.. ..	1.23
	600 ml pack			d
D.76 developer				
	600 cc	0.21	.. ..	0.31½
	2.5 l	0.365	.. ..	0.55
	5 l	0.47	.. ..	0.70½
D.76 replenisher	2.5 l	0.39	.. ..	0.58½
D.163 developer liquid				
	250 ml	0.19	.. ..	0.28½
	500 ml	0.27	.. ..	0.40½
	1 gal	1.16	.. ..	1.74
powder for	1 l	0.285	.. ..	0.43
	2.5 l	0.38	.. ..	0.57
	5 l	0.63	.. ..	0.94½
20 oz, 80 oz and 1 gal				d
DK-50 developer for				
	600 cc	0.24	.. ..	0.36
	80 oz	0.40	.. ..	0.60
DK-50R replenisher				
	for 80 oz	0.44	.. ..	0.66
film cement	50 ml	0.16	.. ..	0.24
indicator stop bath				
	1 l	0.615	.. ..	0.92
Kodafix solution				
	250 ml	0.22	.. ..	0.33
liquid hardener				
	250 ml	0.19	.. ..	0.28½
Metafix	250 g	0.27	.. ..	0.40½
	500 g	0.335	.. ..	0.50
Microdol-X developer				
	for 600 ml	0.19	.. ..	0.28½
	1 l	0.25	.. ..	0.37½
	2.5 l	0.335	.. ..	0.50
	5 l	0.535	.. ..	0.80
80 oz & 1 gal packs				d
replenisher	2.5 l	0.38	.. ..	0.57
80 oz pack				d
Photo-flo 200 solution				
	100 ml	0.23	.. ..	0.34½
	500 ml	0.42	.. ..	0.63
retouching medium				
	50 ml	0.26	.. ..	0.39
soft gradation				
developer powder				
	2.5 l	0.365	.. ..	0.55
80 oz pack				d
Unifix powder	250 g	0.23	.. ..	0.34½
	500 g	0.285	.. ..	0.43
universal developer				
	250 ml	0.22	.. ..	0.33
wetting agent	100 ml	0.21	.. ..	0.31½
papers				
Bromide (SW) Bromesko (SW)				
3½ x 3½	100	0.43	0.11	0.75
3½ x 4½	100	0.525	0.13	0.92
3½ x 5	100	0.59	0.15	1.03
3½ x 5½	100	0.63	0.16	1.10
4¾ x 6½	25	0.305	0.075	0.53
	100	0.96	0.24	1.68
6½ x 8½	10	0.23	0.06	0.40
	100	1.65	0.415	2.89
8 x 10	10	0.325	0.08	0.57
	100	2.35	0.59	4.11
	250	5.87	1.47	10.27
10 x 12	10	0.46	0.115	0.81
	100	3.50	0.875	6.13
12 x 15	10	0.69	0.175	1.21
	100	5.20	1.30	9.10
16 x 20	10	1.19	0.30	2.08
20 x 24	10	1.81	0.455	3.17
Bromide (DW) Bromesko (DW)				
4¾ x 6½	100	1.12	0.28	1.96
6½ x 8½	100	1.95	0.49	3.41
8 x 10	10	0.38	0.095	0.67
	100	2.79	0.70	4.88
10 x 12	10	0.54	0.135	0.95
12 x 15	10	0.80	0.20	1.40
16 x 20	10	1.37	0.345	2.40
20 x 24	10	2.06	0.515	3.61
KOLA ASTIER (1336 WJ)				
dragees		0.40	0.10	0.70
granules		0.40	0.10	0.70
KOLANTICON (838 Merrell)				
gel	150 ml	0.20	0.05	0.35
	500 ml	0.56	.. ..	0.84
wafers	100	0.98	.. ..	1.47
KOLANTYL 838 Merrell)				
gel	250 ml	0.28	0.07	0.49
	1000 ml	0.98	.. ..	1.47
tablets	48	0.28	0.07	0.49
KOLANTYL N.V. (838 Merrell)				
tablets	24	0.14	0.035	0.24½
	dp 120	0.66	.. ..	0.99
LACTEOL (1336 WL)				
tablets	45	0.40	0.10	0.70
	90	0.72	0.18	1.26
LAEVORAL-C (218 Calmic)				
liquid	dp 250 ml			d
LANALEM (903 NPU)				
shampoos				
lemon cream,				
olive oil	jar	1.60dz	0.40dz	0.23
LANOXIN (208 BW)				
tablets 0.25 mg				
pack of 100				d
LAROLA (106 Beetham)				
skin lotion	85 cc	2.76dz	0.69dz	0.40
	125 cc	3.12dz	0.78dz	0.45

		Trade £.p	Tax £.p	Re £
	165 cc	4.20dz	1.05dz	0.6
LA ROSE (1612 Rochas)				
LA ROSE (1633 Rochas)				
LASTONET (733 Lastonet)				
foot spray		2.64dz	0.66dz	0.3
metatarsal pad	pr	0.44	.. ..	0.6
NVF elastic net bandage (Lastonet)				
3 in		0.46	.. ..	0.6
4 in		0.58	.. ..	0.8
5 in		0.96	.. ..	1.4
support stockings				
Spanflex	pr	1.30	.. ..	1.9
suspender belts men's				
	single	3.60dz	0.40dz	0.4
	double	4.20dz	0.47dz	0.5
surgical hosiery				
elastic net (Lastonet)				
thigh stockings				
women	pr	2.00	.. ..	3.0
men	pr	2.16	.. ..	3.2
below knee stockings				
	pr	1.56	.. ..	2.3
knee caps	pr	1.00	.. ..	1.5
anklets	pr	1.22	.. ..	1.3
elastic net (Lastosheer)				
thigh stockings for women				
	pr	2.00	.. ..	3.0
below knee stockings				
	pr	1.56	.. ..	2.3
one way stretch (Lastothread)				
seamless fine thread				
thigh stockings				
	pr	3.10	.. ..	4.6
above knee stockings				
	pr	2.30	.. ..	3.4
below knee stockings				
	pr	1.46	.. ..	2.1
anklets	pr	0.90	.. ..	1.3
kneecaps	pr	0.90	.. ..	1.3
leggings	pr	0.90	.. ..	1.3
seamless stout thread				
thigh stockings				
	pr	2.88	.. ..	4.3
above knee stockings				
	pr	2.30	.. ..	3.4
below knee stockings				
	pr	1.46	.. ..	2.1
anklets	pr	0.90	.. ..	1.3
knee caps		0.90	.. ..	1.3
leggings		0.90	.. ..	1.3
elastic socks for men (Lastofine)				
	pr	1.00	.. ..	1.5
tights				
elastic net (Lastonet)		3.20	.. ..	4.8
maternity		4.40	.. ..	6.6
elastic yarn (Lastolita)		2.32	.. ..	3.4
(Lastofine)				
		2.80	.. ..	4.2
maternity (Lastolita)				
		2.92	.. ..	4.3
with adjustable waistband				
		3.30	.. ..	4.9
Spanflex support		1.86	.. ..	2.7
LEDERKYN (746 Lederle)				
tablets	24	0.69	.. ..	
	100	2.56	.. ..	
LEDERMYCIN (746 Lederle)				
drops	10 ml	0.45	.. ..	
LEDERPLEX (746 Lederle)				
liquid	100 ml	0.52		
LE DIX (Balenciaga) (386 Douek)				
eau de toilette	1¾ oz	1.14	0.285	2.0
	4 oz	1.84	0.46	3.3
	7 oz	2.98	0.745	5.3
	15 oz	4.40	1.10	7.9
atomiser	4 oz	2.34	0.585	4.2
	32 oz	.. ..	.. ..	
perfume	⅛ oz	1.00	0.25	1.8
	⅙ oz	1.27	0.317	2.3
	¼ oz	1.84	0.46	3.4
	½ oz	3.04	0.76	5.6
	1 oz	4.83	1.207	8.9
	2 oz	7.60	1.90	14.0
	4 oz	12.10	3.025	22.4
atomiseur		2.52	0.63	4.6
refill		1.72	0.43	3.2
LENIUM (1599 Winthrop)				
economy size	113 g	0.41	0.102	0.7
LEUCOVORIN (746 Lederle)				
ampoules 3 mg/ml	10	4.53	.. ..	
LIFEBUOY (756 Lever)				
soap	small	3.689	0.865	0.0
		(6 dz)	(6 dz)	
	large	3.531	0.828	0.1
		(4 dz)	(4 dz)	
	family	2.377	0.558	0.1
		(2 dz)	(2 dz)	
LIGA (760 Liga)				
3 way food		0.96dz	.. ..	0.1
LION (205 Burgess)				
ointment	1¼ oz	1.20dz	0.30dz	0.1
	3 oz	2.10dz	0.53dz	0.3
	16 oz	0.60	0.15	0.9
	36 oz	1.00	0.25	1.6
pills		0.90dz	0.23dz	0.1
		1.70dz	0.43dz	0.2
LIORESAL (262 CIBA)				
existing entry				
LIORESAL (262 CIBA)				
tablets 10 mg	100	5.84		

		Trade £.p	Tax £.p	Retail £.p	
TE (1345 Woodward)					i
l		0.16	0.04	0.28	
		0.24	0.06	0.42	
OL (971 PSMB)					
fluid	10 ml	0.56	.. ..	0.84	
ous	20 ml	0.56	.. ..	0.84	
YSAN (1123 SLL)					
ting entry					d
YSAN (1123 SLL)					i
	500 ml	3.45			
	500 ml	3.75			
TE (633 H&P)					
ting entry					d
TE (633 H & P)					i
ick with holder		0.76	0.19	1.38	
fill		0.20	0.05	0.38	
LAVONOID (756 Lewis)					
ting entry					d
LAVONOID (757 Lewis)					i
ules	100	12.80dz	3.20dz	1.87	
	500	59.20dz	14.80dz	8.63	
RAID (756 Lewis)					
ting entry					d
RIAD (757 Lewis)					i
ules	100	10.60dz	2.65dz	1.50	
	1000	98.80dz	24.70dz	14.40	
id	200 ml	7.50dz	1.88dz	1.10	
	1 l	35.20dz	8.80dz	5.14	
AFILM TEARS (35 Allergan)					
ting entry					d
AFILM TEARS (35 Allergan)					i
distributors 1121 Searle)					
	15 cc	0.44	.. ..	0.66	
RUTA (1102 Sanitas)					
dard	108 cc	1.63dz	0.41dz	0.21½	
	330 cc	2.95dz	0.74dz	0.39	
	1000				d
id 200 ml and 15 cc					d
K (878 Napp)					
ules	100	0.75	.. ..	1.00	
	500	3.15	.. ..	4.20	
S (903 NPU)					
polish remover		1.24dz	0.31dz	0.18½	
NE (1038 R&C)					
mpoo	sachet	1.225 (4 dz)	0.305 (4 dz)	0.04	
	bottle small	1.19dz	0.30dz	0.15½	
	large	2.16dz	0.54dz	0.28	
(801 MP)					d
(1636 Lennard)					i
E DENT (280 CP)					
re entry					d
T56 Lever)					
	small	3.951 (6 dz)	0.927 (6 dz)	0.07½	
	large	3.708 (4 dz)	0.87 (4 dz)	0.10½	
ME ROCHAS (1612 Rochas)					d
ME ROCHAS (1633 Rochas)					i
URIN (1305 WB)					
re entry					d
O OF MAYFAIR (545 Grossmith)					
um giant ovals 400 g		1.51dz	0.38dz	0.22	
QUANT (876 MP)					
licator kit		2.62dz	0.655dz	0.40	
beads		5.57dz	1.392dz	0.85	
oil		4.59dz	1.148dz	0.70	
h baby compact		4.25dz	1.062dz	0.65	
y shampoo	sachets	0.65dz	0.162dz	0.10	
		3.59dz	0.898dz	0.55	
gne					
M & PM	9 cc	2.62dz	0.655dz	0.40	
	1⅛ oz	5.57dz	1.392dz	0.85	
spray		5.08dz	1.27dz	0.75	
ne Clean		3.92dz	0.98dz	0.60	
care stick		3.92dz	0.98dz	0.60	
gloss		3.92dz	0.98dz	0.60	
ashes					
eepers Peepers		5.24dz	1.31dz	0.80	
ower lidders, plush,					
ltra-fine lowers, new natural					
isps		4.25dz	1.062dz	0.65	
ash adhesive		1.64dz	0.41dz	0.25	
ash colour		5.24dz	1.31dz	0.80	
refill		3.92dz	0.98dz	0.60	
ash conditioner		3.92dz	0.98dz	0.60	
liner brush		2.29dz	0.572dz	0.35	
shadow brush		2.62dz	0.655dz	0.40	
tints		3.92dz	0.98dz	0.60	
pencil		2.29dz	0.57dz	0.35	
s off		3.27dz	0.818dz	0.50	
brush		5.08dz	1.27dz	0.75	
final		4.25dz	1.062dz	0.65	
shapers		5.24dz	1.31dz	0.80	
Fresh		3.92dz	0.98dz	0.60	
y Babies					
el cheek colour		4.25dz	1.062dz	0.65	
eye colour		4.25dz	1.062dz	0.65	
mascara		3.92dz	0.98dz	0.60	
refill		2.95dz	0.738dz	0.45	
skin colour		4.59dz	1.148dz	0.70	
bag		5.08dz	1.27dz	0.75	
tick		3.59dz	0.898dz	0.55	
id liner		3.59dz	0.898dz	0.55	
cara					
oloured tearproof		3.27dz	0.818dz	0.50	
earproof		5.24dz	1.31dz	0.80	
refill		3.92dz	0.98dz	0.60	
polish round		2.29dz	0.57dz	0.35	
sparklers		2.95dz	0.738dz	0.45	

		Trade £.p	Tax £.p	Retail £.p	
remover		1.97dz	0.492dz	0.30	
nailshine		6.54dz	1.64dz	1.00	
Nature Tint		3.92dz	0.98dz	0.60	
overnighter		26.19dz	6.548dz	4.00	
paint box		15.70dz	3.925dz	2.40	
perfume lotion		5.57dz	1.392dz	0.85	
sac		7.84dz	1.96dz	1.20	
Shape & Blush		5.90dz	1.475dz	0.90	
skin drink		5.24dz	1.31dz	0.80	
skin saver		5.24dz	1.31dz	0.80	
Smoothers		3.92dz	0.98dz	0.60	
Soft scrub		6.22dz	1.555dz	0.95	
solo shadow		3.92dz	0.98dz	0.60	
sticks		2.95dz	0.738dz	0.45	
Special recipes					
cream rouge		3.92dz	0.98dz	0.60	
foundation cream		4.59dz	1.148dz	0.70	
lipstick		2.95dz	0.738dz	0.45	
mascara		4.25dz	1.062dz	0.65	
perfume essences		5.08dz	1.27dz	0.75	
Starkers		3.92dz	0.98dz	0.60	
talcum - Bird Bath		3.59dz	0.898dz	0.55	
tan trap		4.25dz	1.062dz	0.65	
topspeed tan		5.24dz	1.31dz	0.80	
vitamin pills		2.62dz	0.655dz	0.40	
mascara liquid					d
refill					d
mini colour					d
shadow shaper stick				d	
starters box					d
MATIC (230 Carnrick)					
tablets	100	0.63	.. ..	0.84	†s1s4A
MAWS (810 Maw)					
baby pants					
Tufty all sizes		1.84dz	.. ..	0.23	
nylon slimline bottle brush	306.02	0.74dz	.. ..	0.09	
Simpla					
bottle brush	306.03	0.88dz	.. ..	0.10	
gift set	327.00	13.28dz	0.795dz	1.65	
jug	306.09	3.99dz	0.45dz	0.55	
mixer	306.10	0.79dz	0.09dz	0.10	
sterilising set	327.05	7.29dz	0.33dz	0.94	
tablets 12	390.01	1.49dz	.. ..	0.17½	
24	390.00	2.48dz	.. ..	0.30	
soothers Cherub	339.08	0.56dz	.. ..	0.07	
spare caps & discs	306.05	0.52dz	.. ..	0.07	
teats Simpla assorted	301.04	1.34 (2 dz)	.. ..	0.08	
slimline assorted	300.03	1.75 (3 dz)	.. ..	0.07	
universal assorted	301.53	1.51 (2 dz)	.. ..	0.09	
Nursery Sundries					
bibs plastic	397.60	0.88dz	.. ..	0.11	
terry	397.50	1.04dz	.. ..	0.13	
feeding beaker	396.45	1.70dz	0.193dz	0.23	
feeding set	396.30	3.38dz	0.385dz	0.44	
	396.05	3.68dz	0.415dz	0.50	
keep warm plate	396.35	5.84dz	0.655dz	0.77	
Proprietaries					
lanoline cream	488.01	2.28dz	0.57dz	0.33	
Surgical Dressings					
bandages B.P.C.					
white open wove					
1 in x 4 yd	110.18	0.28dz			
2 in x 4 yd	110.02	0.46dz			
3 in x 4 yd	110.04	0.65dz			
4 in x 4 yd	110.19	0.825dz			
crepe					
2 in	141.00	1.666dz			
3 in	141.02	2.386dz			
3½ in	141.03	2.51dz			
4 in	141.04	3.216dz			
6 in	141.05	4.59dz			
cellulose tissue	147.01	0.35			
cellulose wadding	147.00	0.203			
cotton wool B.P.C.					
1 oz	102.01	0.63dz			
4 oz	102.03	1.77dz			
16 oz	102.05	0.487			
hospital quality					
4 oz	102.09	1.415dz			
16 oz	102.11	0.378			
gauge B.P.C.					
1 yd	137.02	0.985dz			
3 yd	137.03	2.08dz			
6 yd	137.04	3.74dz			
12 yd	137.05	0.607			
gauge & cotton tissue					
pink label					
4 oz	146.09	0.157			
16 oz	146.11	0.546			
blue label					
4 oz	146.12	0.18			
16 oz	146.14	0.61			

		Trade £.p	Tax £.p	Retail £.p	
lint white B.P.C.					
1 oz	135.01	0.945dz			
4 oz	135.03	3.07dz			
16 oz	135.05	0 93			
lint boric B.P.C.					
4 oz	143.09	0.27			
sterilised dressing pack	148.02	1.30dz			
triangular bandage 36 x 51 in	142.06	0.117			
MAX FACTOR (813 MF)					
comb-on mascara		0.315	0.077	0.55	
Satin moisturiser		0.281	0.069	0.49	
MAYBELLINE (1333 WL)					
eye shadow					
Blooming colours		.. ..	.. .	0.49	
MAZDA (903 NPU)					
flash bulbs 1B	(10)	0.35	.. ..	0.55	
AG1B	(10)	0.35	.. ..	0.55	
flash cubes	(3)	0.48	.. ..	0.72	
magicube	(2)	0.42	.. ..	0.30	
MEDICOMB (1632 Medicomb)					
clinical comb		0.60	0.15	1.05	
MEDISOAP (436 Evans)					
basic					d
MENE (1073 Robinson)					
sanitary towels	size0	6.283 (4 dz)	.. ..	0.17	
	size1	6.653 (4 dz)	.. ..	0.18	
	size2	7.762 (4 dz)	.. ..	0.21	
	size3	7.207 (3 dz)	.. ..	0.26	
	size4	6.283 (2 dz)	.. ..	0.34	
sanitary belts, adjustable		1.213dz	0.137dz	0.15	
de luxe		1.537dz	0.173dz	0.19	
MENTHALIN (1037 Reckitt)					
impregnated tissues		1.53dz	0.353dz	0.20	
MERBENTYL (838 Merrell)					
syrup	150 ml	0.38	.. ..	0.57	
	500 ml	1.08	.. ..	1.62	
tablets	50	0.26	.. ..	0.39	
	250	0.88	.. ..	1.32	
with phenobarbitone					
	50	0.36	.. ..	0.54	†s1s4A
syrup	150 ml	0.42	.. ..	0.63	†s1s4A
METANIUM (115 Bengue)					
ointment	500 g	1.50			
powder	100 g	0.25	.. ..	0.33½	
METATONE (938 PD)					
tonic	2¼ l	1.20			†
METHOTREXATE (746 Lederle)					
tablets 2.5 mg	100	3.98	.. ..		
METHOTREXATE PARENTERAL (746 Lederle)					
ampoules	5 mg	0.79	.. ..		
	50 mg	2.28			
MIA (839 Mia)					
blush tint		.. ..	.. ..	0.49	
concealer cream		.. ..	.. ..	0.49	
cool gel cleanser		.. ..	.. ..	0.50	
skin conditioner		.. ..	.. ..	0.50	
toning cleanser		.. ..	.. ..	0.50	
eye tints		.. ..	.. ..	0.36	
pearly		.. ..	.. ..	0.36	
face shaper		.. ..	.. ..	0.49	
foundation nature tint		.. ..	.. ..	0.50	
lipstick		.. ..	.. ..	0.42	
mascara automatic roll-on		.. ..	.. ..	0.44	
pressed powder		.. ..	.. ..	0.40	
MILLOPHYLINE (346 Dales)					
(distributors 1556 Farillon)					i
MILTON (1055 RM)					
sterilising unit		0.65	0.02	0.88	
MINERS (876 MP)					
eastern oils		2.04dz	0.51dz	0.30	
eye paint		1.57dz	0.395dz	0.23	
eye shadow wand		2.17dz	0.54dz	0.32	
eye shockers kit		2.17dz	0.54dz	0.32	
lip shock		1.10dz	0.275dz	0.16	
water colour kit		2.79dz	0.70dz	0.41	
MISTOL (255 Chembro)					d
MISTOL (1333 WL)					i
MOMENT SUPREME (Patou) (386 Douek)					
Cologne	1⅔ oz	1.06	0.265	1.90	
	3⅔ oz	1.70	0.425	3.00	
eau de toilette	2 oz	1.48	0.37	2.65	
	4 oz	2.40	0.60	4.25	
parfum					
le compagnon	⅕ oz	1.70	0.425	3.00	
flacon	¼ oz	1.80	0.45	3.25	
	½ oz	2.80	0.70	4.95	
	1 oz	4.70	1.175	8.35	
	2 oz	8.00	2.00	14.25	
MONOGRAM (1501 DA)					d
MONOGRAM (1501 DGL)					i
MONSIEUR NET (Patou) (386 Douek)					
after shave cream	tube	0.72	0.18	1.30	
after shave lotion	flacon	1.36	0.44	2.40	
	1⅘ oz	0.87	0.217	1.55	
	3⅗ oz	1.36	0.34	2.40	
Cologne	1⅘ oz	0.98	0.245	1.75	
	3⅗ oz	1.70	0.425	3.00	
vapomiseur	5 oz	3.10	0.775	5.50	
pre electric shave	1⅘ oz	0.87	0.217	1.55	
	3⅗ oz	1.36	0.34	2.40	
soap		0.85	0.212	1.50	
MONSIEUR ROCHAS (1612 Rochas)					d
MONSIEUR ROCHAS (1633 Rochas)					i

		Trade £.p	Tax £.p	Retail £.p	
MONSIEUR WORTH (1350 Worth)					
after shave	100 cc	.. ..		*2.10*	
deodorant		.. ..		*2.50*	
eau de toilette	100 cc	.. ..		*3.20*	
	200 cc	.. ..		*5.20*	
	28 oz	.. ..		*17.80*	
shaving cream					
brushless		.. ..		*1.10*	
lather		.. ..		*1.10*	
soap	4½ oz	.. ..		*1.30*	
Sports Cologne		.. ..		*1.30*	
Trousse de Voyage after shave		.. .. ..		*3.80*	
MORNY (1574 LM)					
Larry the lamb					
soap (2)		.. ..		*0.50*	
talc	110 g	.. ..		*0.38*	
MOUSTACHE (1612 Rochas)					*d*
MOUSTACHE (1633 Rochas)					*i*
MULCETS (848 Minnesota)					
mouth ulcer tablets	20	1.28dz	0.32dz	*0.18*	
MUM (172 BMCL)					
Cologne		0.349	0.087	*0.62*	
Intimist	50 g	0.181	0.045	*0.29*	
	120 g	0.261	0.065	*0.42*	
Rollette	28 cc	0.182	0.046	*0.30*	
	42 cc	0.231	0.058	*0.38*	
refill	28 cc	0.168	0.042	*0.27*	
Rollette for men		0.199	0.05	*0.33*	
refill		0.168	0.42	*0.28*	
stick		0.109	0.027	*0.18*	
stick for men		0.12	0.03	*0.19*	
MYCOLACTINE (1336 WL)					
tablets	50	0.20	0.05	*0.35*	†s7
	250	0.80	0.20	*1.40*	†s7
NAPISAN (1055 RM)					
	250 g	1.98dz	.. ..	*0.22*	
	500 g	3.60dz	.. ..	*0.40*	
	1000 g	6.30dz	.. ..	*0.70*	
NAPPICLENE (810 Maw)					
powder		3.28dz	.. ..	*0.38½*	
NATIROSE NATIVELLE (1336 WL)					
dragees	50	0.40	0.10	*0.70*	†s1DDI
NATISEDINE NATIVELLE (1336 WL)					
tablets	20	0.52	0.13	*0.91*	†s1s4A
	100	2.20	0.55	*3.85*	†s1s4A
NATIVELLE DIGITALINE (1336 WL)					
ampoules 0.2 mg 1 cc	6	0.40	.. ..	*0.60*	†s1
solution 1/1000	10 ml	0.60	.. ..	*0.90*	†s1
tablets 0.1 mg	40	0.22	.. ..	*0.33*	†s1
	200	0.70	.. ..	*1.05*	†s1
	1000	2.80	.. ..	*4.20*	†s1
0.25 mg	40	0.30	.. ..	*0.45*	†s1
	200	1.20	.. ..	*1.80*	†s1
NAVANE (969 Pfizer)					
tablets 10 mg	100	3.97			†s4B
NELSON'S (1629 Nelson)					
influenza and common cold					
tablets		1.05 (5)	0.25 (5)	0.49	
NEMBUTAL (2 Abbott)					
(distributors 938 PD)					
veterinary solution					
	100 ml	0.51	.. ..	*0.76½*	†s1s4A
NEPHRIL (969 Pfizer)					
tablets 1 mg	100	1.03			†s4B
	500	5.00			†s4B
NESTOSYL (115 Bengue)					
anaesthetic oil aerosol		0.35	0.09	0.56	†
	dp 500 g				*d*
ointment	dp 500 g	1.25			†
NETHAPRIN (838 Merrell)					
expectorant	150 ml	0.24	0.06	0.42	†s7*a*
	500 ml	0.72	0.24	1.26	†s7
NETHAPRIN DOSPAN (838 Merrell)					
tablets	25	0.42	0.105	0.73½	†s7
	100	1.48	0.37	2.59	†s7
NIAMID (969 Pfizer)					
tablets 25 mg	100	2.18			TS
	500	10.22			TS
100 mg	100	7.43			TS
NIBIOL (346 Dales)					
(distributors 1556 Farillon)					*i*
NIKINI (1073 Robinson)					
Poppet		1.65 (2 dz)	0.186 (2 dz)	*0.10*	
sanitary garment pink		5.20dz	0.584dz	*0.63*	*a*
	white	3.134dz	0.354dz	*0.38*	
pads	12	4.68 (4 dz)	.. ..	*0.13*	
NIVEA (1164 SSL)					
creme	1612	0.967dz	0.229dz	*0.13*	
NORLYN (519 Global)					
support tights		.. ..		*1.20*	
N. P. U. (903 NPU)					
denture brush		1.20dz	.. ..	*0.15*	
rubber gloves					
standard		1.08 (10/12 dz)	0.12 (10/12 dz)	*0.17*	
deluxe		1.43 (10/12 dz)	0.16 (10/12 dz)	*0.23*	
tooth brushes nylon					
med, hard, ex hard		0.78dz	.. ..	*0.10*	
dual		0.98dz	.. ..	*0.12½*	
junior		0.52dz	.. ..	*0.06½*	
toothbrushes bristle					
med, hard, ex hard		1.33dz	.. ..	*0.17*	
dual		1.47dz	.. ..	*0.19*	
junior		0.68dz	.. ..	*0.08½*	
toothbrush smokers		1.05dz	.. ..	*0.13*	
vacuum Nu-flask	8 oz	3.28dz	0.37dz	*0.44½*	

		Trade £.p	Tax £.p	Retail £.p	
NUCTA (337 Curtis)					
shampoo					
blue satin, dandruff control, egg and lanolin					
peach bloom	100 cc	1.56dz	0.39dz	*0.23*	
oil treatment	140 cc	2.40dz	0.60dz	*0.35*	
styling lotion	110 cc	1.92dz	0.48dz	*0.28*	
existing entry of setting lotion					*d*
NURSE HARVEY'S (578 Harvey)					
gripe mixture		1.40dz	0.35dz	*0.18½*	
NUTRAMENT (172 BMCL)					
liquid meal		0.216	.. ..	*0.27*	
NUTREGEN (1438 RHM)					
high fibre crispbread		0.995dz	.. ..	*0.10*	
NUTRIZYM (1556 Farillon)					
tablets	100	3.53	.. ..	*5.30*	
NYSTAN (1176 Squibb)					
oral suspension	30 ml	0.85	.. ..	1.27	TS
suspension	24 dose				*d*
NYSTAN-TA (1176 Squibb)					
cream	15 g	0.68	.. ..		TS
	30 g	1.27	.. ..		TS
ointment	15 g	0.68	.. ..		TS
	30 g	1.27	.. ..		TS
NYSTATIN-DOME (1460 Dome)					
cream	15 g	0.50	.. ..		TS
	30 g	0.90	.. ..		TS
OBIN (969 Pfizer)					
tablets 500 mg	100				*d*
OMEGA-H3 (49 A&V)					
capsules		1.50	.. ..	2.20	
OPTHALMADINE (1635 Sas)					
eye ointment	3 g	7.50 (10/12 dz)			
ORADEXON (917 Organon)					
tablets 2 mg	100	5.50	.. ..	8.25	TS
ORLANE (1624 JAOL)					
anti-couprosine	747	.. ..		*3.15*	
anti-rides	756	.. ..		*2.40*	
	757	.. ..		*4.70*	
astringent	587	.. ..		*1.60*	
	588	.. ..		*2.40*	
bio-catalys	852	.. ..		*4.10*	
	851	.. ..		*5.95*	
bio-lacta	855	.. ..		*3.50*	
	854	.. ..		*5.25*	
	853	.. ..		*4.35*	
body cream B21	642	.. ..		*9.50*	
body milk	570	.. ..		*2.25*	
boreale	536	.. ..		*1.55*	
	537	.. ..		*1.70*	
Bronzilane	690	.. ..		*2.10*	
camphor lotion	597	.. ..		*1.75*	
cleansing milk	567	.. ..		*1.45*	
	568	.. ..		*2.35*	
	569	.. ..		*3.90*	
cream B21	640	.. ..		*21.00*	
cream active liquid	634	.. ..		*2.60*	
	635	.. ..		*4.20*	
embryo-serum	647	.. ..		*8.50*	
emulsion B21	644	.. ..		*9.50*	
emulsion placentaire					
	767	.. ..		*3.00*	
eyebrow pencil	595	.. ..		*0.50*	
eye shadow					
pearl	614	.. ..		*1.50*	
palette 4	619	.. ..		*2.50*	
powder	618	.. ..		*2.10*	
	623	.. ..		*2.25*	
gel-matin	909	.. ..		*2.80*	
handmilk	556	.. ..		*1.25*	
hydro-tonique	581	.. ..		*2.25*	
lacta cream	926	.. ..		*2.00*	
	929	.. ..		*3.70*	
dispenser	925	.. ..		*3.75*	
lauria	930	.. ..		*1.35*	
	933	.. ..		*2.10*	
lipstick	38	.. ..		*0.95*	
agate	33	.. ..		*1.25*	
liquid hydratante	732	.. ..		*1.95*	
	733	.. ..		*3.60*	
liquid resorba	669	.. ..		*4.40*	
liquid sveltine	659	.. ..		*4.40*	
lotion B21	643	.. ..		*7.50*	
maquisol	695	.. ..		*1.60*	
mascara block	575	.. ..		*1.55*	
refill	576	.. ..		*1.00*	
mascara roll-on	621	.. ..		*1.65*	
refill	622	.. ..		*1.20*	
masque de detente	627	.. ..		*1.65*	
masque bleu	911	.. ..		*1.80*	
masque rose	910	.. ..		*1.80*	
masque transparent	628	.. ..		*2.50*	
mirasol	694	.. ..		*1.35*	
naturelle liquid	734	.. ..		*1.60*	
ombreline	633	.. ..		*1.80*	
frosted	631	.. ..		*1.90*	
orange liquid	602	.. ..		*1.60*	
Oryane	648	.. ..		*3.50*	
pate pellicia	48	.. ..		*0.95*	
patricia	902	.. ..		*2.65*	
	901	.. ..		*3.15*	
rosee demaquillante	771	.. ..		*2.20*	
	770	.. ..		*3.65*	
rouge powder	940	.. ..		*3.00*	
royal jelly liquid	724	.. ..		*2.60*	
	723	.. ..		*4.80*	
eye balm	712	.. ..		*2.00*	
satilane	912	.. ..		*3.00*	
	913	.. ..		*2.20*	

		Trade £.p	Tax £.p	Re £
sol a sol	691	.. ..		*1.7*
tan Orlane	696	.. ..		*2.1*
tonique	577	.. ..		*1.3*
	578	.. ..		*2.0*
	579	.. ..		*3.1*
vesperale	639	.. ..		*2.5*
	638	.. ..		*3.7*
lait a bronzer	698			
poudre desse	914			
poudre de beaute	552			
OSPOLOT (97 Bayer)				
suspension	100 ml	0.235		
	500 ml	0.99		
tablets 50 mg	50	0.43		
	250	1.96		
200 mg	50	0.93		
	250	4.16		
OUABAINE ARNAUD NATIVELLE (1336 WL)				
OUABAINE ARNAUD (1336 WL)				
ampoules 0.25 mg 1 cc				
	6	0.40	.. ..	*0.6*
tablets 2.5 mg	40	0.44	.. ..	*0.6*
	200	1.60	.. ..	*2.4*
OWBRIDGES (917 Organon)				
cough syrup		1.526dz	0.382dz	*0.2*
		2.364dz	0.591dz	*0.3*
pastilles				
OXYPAK (1345 Woodward)				
tablets 250 mg	20	0.22	.. ..	*0.3*
PABIREX (848 Minnesota)				
diarrhoea mixture				
	200 ml	2.00dz	0.50dz	*0.2*
PADDI (1073 Robinson)				
cotton wool balls				
white	50	0.64dz	.. ..	*0.0*
	100	1.16dz	.. ..	*0.1*
nappyliners	50	2.242dz	.. ..	*0.2*
	100	3.84dz	.. ..	*0.4*
pads	10	3.906 (3 dz)	.. ..	*0.1*
	20	3.767 (1½ dz)	.. ..	*0.2*
	30	3.533dz	.. ..	*0.3*
pleats		4.158 (3 dz)	.. ..	*0.1*
roll		4.02 (3 dz)	.. ..	*0.1*
PALAPRIN (187 BS)				
tablets	50			
PALDONA (1089 RPD)				
tablets	50	0.50		
PALMOLIVE (280 CP)				
soap, green	toilet	3.93 (6dz)	0.98 (6dz)	*0.0*
	bath	3.66 (4dz)	0.92 (4dz)	*0.1*
gold	toilet	1.96 (3dz)	0.49 (3dz)	*0.*
	bath	2.74 (3dz)	0.69 (3dz)	*0.1*
PANADOL (1599 Winthrop)				
tablets	24	1.84dz	.. ..	*0.2*
PANCREX V (930 P&B)				
powder	250 g	3.46		
PAPIER POUDRE (935 Papier Poudre)				
books		0.70dz	0.175dz	*0.1*
PARDALE (346 Dales)				
(distributors 1556 Farillon)				
PARKE-DAVIS (938 PD)				
cascara evacuant 500 ml				
vaccines				
catarrh	1 ml vial			
PASHANA (1630 R&RL)				
brilliantine	50 cc	1.48dz	0.37dz	*0.2*
	108 cc	2.32dz	0.58dz	*0.3*
lotion	50 cc	1.48dz	0.37dz	*0.2*
	108 cc	2.32dz	0.58dz	*0.3*
shampoo	250 cc	2.32dz	0.58dz	*0.3*
PATERSON (673 J of H)				
PATERSON (884 NTD)				
anti-static wetting agent				
	50 ml	.. ..		*0.2*
enlarger 35 with 35mm & 126 carriers			..	*24.8*
enlarging lens 50 mm f/4.5		.. ..		*9.0*
heat filter		.. ..		*1.6*
texture screens (set)		.. ..		*1.3*
Penicillin - V - Lilly (413 Lilly)				
Pulvules 125 mg packs of 100 and 500				
PENOFOME (1305 WB)				
entire entry				
PENTOSTAM (208 BW)				
	100 ml	9.40	.. ..	14.1
PENTOTHAL (2 Abbott)				
(distributors 938 PD)				
0.5 g with 10 ml water				
	5	0.58	.. ..	*0.8*
	25	2.38	.. ..	*3.5*
without water	50	3.38	.. ..	*5.0*
with 20 ml water	5	0.72	.. ..	*1.0*
	25	3.06	.. ..	*4.5*
without water	50	3.72	.. ..	*5.5*
1 g with 20 ml water	25	3.72	.. ..	*5.5*
	5	0.91	.. ..	*1.3*
without water	50	5.00	.. ..	*7.5*
2.5 g with 100 ml water				
	5	2.32	.. ..	*3.4*
without water 20 ml				
	10	2.40	.. ..	*3.6*
5 g with 100 ml water	5	2.92	.. ..	*4.3*
without water	10	3.60	.. ..	*5.4*

		Trade £.p	Tax £.p	Retail £.p	
er for injections					
10 x 100 ml		2.20	.. ..	*3.30*	
RM (366 Dendron)					
set	15 ml	0.79dz	0.19dz	*0.11*	
NALITY (1377 R & A)					
le oil					
and cream		2.30dz	0.55dz	*0.32*	
and and body lotion					*d*
DUST (801 MP)					
re entry					*d*
TOPAK (1345 Woodward)					
ets 100 mg	50	0.20	.. ..	**0.30**	†s4B
	100	0.35	.. ..	**0.52½**	†s4B
ERGAN (971 PSMB)					
pound	125 ml	0.20	0.05	*0.35*	
	21	1.88	.. ..	*2.82*	
IPS (978 PYP)					
c yeast tablets	60	1.08dz	.. ..	**0.12**	
	50				*d*
PTONE (208 BW)					
us	500 ml	0.44	.. ..	**0.66**	†s1DD
78 Napp)					
urised inhalant		0.65	.. ..	**0.93**	†s4B
US (878 Napp)					
urised inhalant		0.75	.. ..	**1.08**	†s4B
(983 Pifco)					
bottle warmer	987	1.74	0.43	*2.75*	
tric blankets					
ew Favourite					
single	8401	3.33	0.81	*5.25*	
double	8402	4.76	1.16	*7.50*	
itetime					
single	6401	3.65	0.88	*5.75*	
three heat	6431	4.28	1.04	*6.75*	
double	6402	4.91	1.20	*7.75*	
three heat	6432	5.55	1.35	*8.75*	
est-time					
single	6403	4.28	1.04	*6.75*	
three heat	6433	4.91	1.20	*7.75*	
double	6404	5.55	1.35	*8.75*	
three heat	6434	6.18	1.51	*9.75*	
artime					
single	6405	4.91	1.20	*7.75*	
double	6406	6.50	1.58	*10.25*	
dual	6426	7.77	1.89	*12.25*	
ating pad	1293	3.49	0.85	*5.50*	
l sauna	1560	4.28	1.04	*6.75*	
clippers	99	5.63			
curlers					
comb'n'go	1355	1.74	0.43	*2.75*	
lady curl	1077	1.24	0.30	*1.95*	
multi curl	1255	2.38	0.58	*3.75*	
queen curl	1187	2.06	0.50	*3.25*	
de luxe	1189	2.50	0.61	*3.95*	
vanity curl					
de luxe	1177	1.74	0.43	*2.75*	
ryers					
utique	1991	5.04	1.23	*7.95*	
floor stand	1992	1.91	0.21	*2.75*	
o-Girl	1170	3.14	0.76	*4.95*	
trio	1970	3.77	0.92	*5.95*	
l-speed	1050	3.96	0.97	*6.25*	
hood	1054	0.38	0.09	*0.60*	
incess	1060	3.30	0.80	*5.20*	
stand	1061	0.87	0.09	*1.25*	
chrome stand	1065	0.38	0.04	*0.55*	
hood, hose and					
comb set	1064	1.24	0.30	*1.95*	
beauty outfit	1962	4.76	1.16	*7.50*	
ensemble					*d*
anger	1180	3.14	0.76	*4.95*	
alon	1990	9.83	2.40	*15.50*	
th lamps					
fra red	1029	4.12			
fradette	1028	3.71			
frapower					
senior	1008	4.88			
fratonic	1030	4.69			
ltra-tonic	1034	6.31	1.54	*9.95*	
n lamp					
carbon arc	1025	6.75	1.65	*10.65*	
Caribbean	1036	8.85	2.15	*13.95*	
e up mirror	1660	2.85	0.70	*4.50*	
orlite mirror	1648	1.17	0.29	*1.85*	
atory massager	1556	4.28	1.04	*6.75*	
sage cushion	1557	1.04	0.11	*1.50*	
Shave lite					
bedwarmer					
SILVESTRE (881 Natura)					
gne	50 cc	0.45	0.112	*0.85*	
	100 cc	0.83	0.207	*1.55*	
	150 cc	1.12	0.28	*2.10*	
	300 cc	2.00	0.50	*3.75*	
s of 200 cc and 400 cc					*d*
dal spray	130 g	0.51	0.127	*0.95*	
toilet	150 g	0.21	0.052	*0.40*	
SSIN (938 PD)					
ules 1 ml	10	1.65	.. ..	**2.48**	†s4B
ate in oil 1 ml	10	0.85	.. ..	**1.28**	†s4B
	100	7.82	.. ..	**11.75**	†s4B
IN (881 Natura)					
ter sun cream		0.70	0.175	*1.30*	
lotion		0.56	0.14	*1.05*	
milk		0.58	0.145	*1.10*	
l cream		0.30	0.075	*0.57*	
oil		0.43	0.107	*0.82*	
jelly					
usive cream		0.58	0.145	*1.10*	
eam for children		0.58	0.145	*1.10*	

		Trade £.p	Tax £.p	Retail £.p	
extreme cream		0.70	0.175	*1.30*	
face stick		0.39	0.097	*0.75*	
jelly		0.60	0.15	*1.15*	
lip protection		0.22	0.055	*0.42*	
large					
milk		0.70	0.175	*1.30*	
oil		0.53	0.132	*0.99*	
spray		0.65	0.162	*1.20*	
insect repellant		0.38	0.095	*0.72*	
Self tan cream		0.74	0.185	*1.40*	
for legs		0.70	0.175	*1.30*	
milk		0.70	0.175	*1.30*	
sunglasses					
POLYGLOW (721 LC)					
hair colourant		1.41dz	0.355dz	*0.20*	
PONSTAN (938 PD)					
Kapseals 250 mg	100	0.80	.. ..	**1.20**	†s4B
	500	3.56	.. ..	**5.35**	†s4B
PORTIA (1160 Solport)					
animal wool	½ oz	0.048	.. ..	*0.07½*	
	1 oz	0.08	.. ..	*0.12*	
baby balance outfit		0.84	.. ..	*1.26*	
brushes, nail	1022	0.124	0.031	*0.22*	
brushes, tincture and lotion					
goose		0.048	.. ..	*0.07*	
pumice stone	1372	0.072	0.018	*0.13*	
sponge bags	1921	0.068	0.017	*0.12*	
	1925	0.068	0.017	*0.12*	
POTTERS (992 P&C)					
pastilles					
Chestors balm of gilead		1.57 (2 dz)	0.39 (2 dz)	*0.11*	
PRELUDE (1355 Yardley)					
Cologne	4384	0.434	0.109	*0.76*	
creme perfume	4373	0.434	0.109	*0.76*	
mini spray	4345J	0.391	0.098	*0.69*	
perfume	4391	0.714	0.179	*1.25*	
talcum	4307	0.209	0.052	*0.37*	
PRELUDIN (145 B)					
(distributors 501 Geigy)					
Tablongets 50 mg pack of 10					*d*
PRIMPERAN (117 BPL)					
tablets 10 mg	500	10.94	.. ..	**16.41**	†s4B
PRO-GEN (2 Abbott)					
(distributors 938 PD)					
(vet.)					
maize	50 lb	13.06	.. ..	*19.59*	†s1
piglet	150 ml	0.94	.. ..	*1.41*	†s1
sodium	2 oz	0.49	.. ..	*0.73½*	†s1
soluble sachet	51.3g	0.49	.. ..	*0.73½*	†s1
veterinary	5 lb	1.31	.. ..	*1.96½*	†s1
PROM (1242 Toni)					
home permanent					
whole head		3.57dz	0.85dz	*0.49*	
end curl		2.41dz	0.58dz	*0.33*	
PSORIDERM (1454 Dermal)					
bath emulsion	225 ml	0.65	0.1625		
cream	225 ml	0.65	0.1625		
scalp lotion	112 ml	0.65	0.1625		
PSORIDERM S (1454 Dermal)					
	225 ml	0.65	0.1625		
QUADRILLE (Balenciaga) (386 Douek)					
eau de toilette	1¾ oz	1.14	0.285	*2.05*	
	4 oz	1.84	0.46	*3.30*	
	7 oz	2.98	0.745	*5.35*	
	15 oz	4.40	1.10	*7.90*	
	32 oz				*d*
atomiser		2.34	0.585	*4.20*	
perfume	⅛ oz	1.00	0.25	*1.85*	
	⅙ oz	1.27	0.317	*2.35*	
	¼ oz	1.84	0.46	*3.40*	
	½ oz	3.04	0.76	*5.60*	
	1 oz	4.83	1.207	*8.95*	
	2 oz	7.60	1.90	*14.00*	
	4 oz	12.10	3.025	*22.40*	
atomiser	¼ oz	2.52	0.63	*4.65*	
refill	¼ oz	1.72	0.43	*3.20*	
RADOX (893 Nicholas)					
liquid bath		2.315dz	0.535dz	*0.30*	
RECITAL (525 Golden)					
conditioning shampoo		1.09 (2 dz)	0.27 (2 dz)	*0.07½*	
RED ROSES (1355 Yardley)					
soap toilet	1162	0.138	0.035	*0.22*	
talcum	1107	0.209	0.052	*0.37*	
	1107L	0.280	0.07	*0.49*	
RELAX QUIES (346 Dales)					
(distributors 1556 Farillon)					*i*
REMINGTON (1044 R)					
shavers					
F 2		.. ..		*11.95*	
Lektroblade 100		.. ..		*7.50*	
REQUETE (1350 Worth)					
eau de toilette	57 cc	.. ..		*2.30*	
	114 cc	.. ..		*4.20*	
	228 cc	.. ..		*6.50*	
	½ l	.. ..		*11.90*	
	1 l	.. ..		*20.80*	
parfum					
Bijou	7 cc	.. ..		*3.70*	
Falcon Luxe	14 cc	.. ..		*5.50*	
	28 cc	.. ..		*9.10*	
	56 cc	.. ..		*27.20*	
Plat	150 cc	.. ..		*34.20*	
Le Medallion	7 cc	.. ..		*3.40*	
RESOCHIN (97 Bayer)					
tablets	100	0.95			
REVERIE (1355 Yardley)					
perfumed Cologne					
spray mist	2845	0.794	0.199	*1.39*	

		Trade £.p	Tax £.p	Retail £.p	
talcum	2807	0.280	0.07	*0.49*	
toilet soap	2862	0.138	0.035	*0.22*	
dusting powder					*d*
REVLON (1052 Revlon)					
Flex					
balsam and protein conditioner reg & extra body	2 oz	.. ..		*0.15*	
Hi & Dri					
antiperspirant	8 oz	.. ..		*0.75*	
deodorant spray	7 oz	.. ..		*0.65*	
Spicy Ices					
eyeshadow brush-on		.. ..		*1.25*	
lipstick, transparent		.. ..		*0.65*	
nail enamel, cream		.. ..		*0.50*	
Z.P.11					
shampoo	sachet	.. ..		*0.10*	
REXPEL (848 Minnesota)					
worm syrup	30 ml	1.26dz	.. ..	**0.15**	
	150 ml	3.59dz	.. ..	**0.43**	
28 cc + 114 cc packs					*d*
RHEUMALAX (488 Fylde)					
powder		1.80dz	0.49dz	**0.26½**	
RIDDOSEDD (1059 Riddell)					
entire entry					*d*
RIDDOSPAS (1059 Riddell)					
suppositories					
child's pack of	12				*d*
RIGHT GUARD (514 Gillette)					
antiperspirant	130 g	2.99dz	0.71dz	*0.41*	
	190 g	3.72dz	0.89dz	*0.51*	
deodorant	90 g	2.84dz	0.68dz	*0.39*	
	135 g	3.49dz	0.83dz	*0.48*	
RIMMEL (1063 Rimmel)					
base coat		0.955dz	0.233dz	*0.14*	
beauty glove hand cream		1.23dz	0.30dz	*0.18*	
blush stick pearly		2.125dz	0.518dz	*0.31*	
cleansing milk		1.23dz	0.30dz	*0.18*	
pads		1.025dz	0.25dz	*0.15*	
Cologne floral		1.645dz	0.401dz	*0.24*	
Classic		2.39dz	0.583dz	*0.35*	
compressed powder		1.025dz	0.25dz	*0.15*	
compact		2.32dz	0.566dz	*0.34*	
anti-shine		1.30dz	0.317dz	*0.19*	
translucent		1.645dz	0.401dz	*0.24*	
cuticle remover		0.955dz	0.233dz	*0.14*	
dewy skin lotion		1.99dz	0.485dz	*0.29*	
eye crayon collection		6.115dz	1.491dz	*0.89*	
eyelid gloss		1.645dz	0.401dz	*0.24*	
eyeliner brush		1.095dz	0.267dz	*0.16*	
cake		0.955dz	0.233dz	*0.14*	
liquid		1.30dz	0.317dz	*0.19*	
eyeliner pencil		1.30dz	0.317dz	*0.19*	
eyelash outfit		5.15dz	1.255dz	*0.75*	
adhesive refill		1.23dz	0.30dz	*0.18*	
eye make-up remover pads		1.025dz	0.25dz	*0.15*	
removing lotion		1.30dz	0.317dz	*0.19*	
eye pencils		0.955dz	0.233dz	*0.14*	
eye shadow					
applicator		1.505dz	0.367dz	*0.22*	
brush		1.645dz	0.401dz	*0.24*	
cream		0.935dz	0.233dz	*0.14*	
compressed		1.025dz	0.25dz	*0.15*	
frosted		1.23dz	0.30dz	*0.18*	
collection		3.565dz	0.869dz	*0.52*	
palette		2.32dz	0.566dz	*0.34*	
stick		0.955dz	0.233dz	*0.14*	
eye shadow/liner kit		4.045dz	0.986dz	*0.59*	
duo brush		2.39dz	0.583dz	*0.35*	
grey-away shampoo		1.025dz	0.25dz	*0.15*	
hair colourant shampoo		1.025dz	0.25dz	*0.15*	
herbal face mask		1.78dz	0.434dz	*0.26*	
Hide and Heal stick		1.30dz	0.317dz	*0.19*	
lash thickener		1.78dz	0.434dz	*0.26*	
lip brush		2.39dz	0.583dz	*0.35*	
lip & lid gloss		1.30dz	0.317dz	*0.19*	
lip glosser		1.23dz	0.30dz	*0.18*	
lip glow pearly		1.30dz	0.317dz	*0.19*	
lipstick push up		1.025dz	0.25dz	*0.15*	
twist up		1.78dz	0.434dz	*0.26*	
moisturised		1.99dz	0.485dz	*0.29*	
liquid make-up		0.955dz	0.233dz	*0.14*	
make-up brush		2.39dz	0.583dz	*0.35*	
stick		1.78dz	0.434dz	*0.26*	
mascara block		1.025dz	0.25dz	*0.15*	
brush-on		2.32dz	0.566dz	*0.34*	
original		2.39dz	0.583dz	*0.35*	
roll-on		1.095dz	0.267dz	*0.16*	
medicated make-up					
cake		1.505dz	0.367dz	*0.22*	
liquid		1.99dz	0.485dz	*0.29*	
moisturised make-up		1.78dz	0.434dz	*0.26*	
skin food		1.99dz	0.485dz	*0.29*	
nail lacquer		0.955dz	0.233dz	*0.14*	
frosted opal		2.125dz	0.518dz	*0.31*	
pearlised		1.23dz	0.30dz	*0.18*	
remover		1.23dz	0.30dz	*0.18*	
pads		1.30dz	0.317dz	*0.19*	
nail strengthener		1.23dz	0.30dz	*0.18*	
oatmeal beauty pack		1.30dz	0.317dz	*0.19*	
soap		1.23dz	0.30dz	*0.18*	
pat-on translucent					
blush		3.565dz	0.869dz	*0.52*	
perfume floral		1.645dz	0.401dz	*0.24*	
Classic		2.39dz	0.583dz	*0.35*	
powder puffs velour (2)		1.23dz	0.30dz	*0.18*	
rouge compressed		1.025dz	0.25dz	*0.15*	
cream		0.955dz	0.233dz	*0.14*	

		Trade £.p	Tax £.p	Retail £.p
skin toning lotion		1.23dz	0.30dz	*0.18*
spot clearing face wash		1.99dz	0.485dz	*0.29*
talc perfumed		1.30dz	0.317dz	*0.19*
toilet vinegar		3.77dz	0.919dz	*0.55*
translucent blush		1.23dz	0.30dz	*0.18*
deodorant roll-on & stick				*d*
eye make-up cabinet				*d*
RINSTEAD (1333 WL)				
pastilles (tins) (Tyne-Tees T.V. area only)		1.25dz	0.30dz	0.17½
ROBINSONS (1449 R&CFD)				
barley waters		1.83dz	0.28dz	
instant baby foods		0.83dz	.. ..	*0.09*
please	20 oz	1.095dz	0.165dz	
super value	35¼ oz	1.95dz	0.29dz	
whole fruit drinks	25½ oz	1.655dz	0.245dz	
ROGER & GALLET (1076 R&G)				
Cologne black label refresher 10	1088	0.18	0.04	*0.35*
RONDOMYCIN (969 Pfizer)				
capsules 150 mg	16	1.07		TS
	100	6.43		TS
	500	31.20		TS
syrup 75mg/5ml	100 ml	0.70		TS
ROYAL SHIELD (975 PWL)				
blow out cream	8 oz	11.52dz	2.88dz	*1.67*
conditioner/hairdressing	2 oz	4.80dz	1.20dz	*0.70*
	8 oz	11.52dz	2.88dz	*1.67*
easy comb conditioner	8 oz	7.20dz	1.80dz	*1.05*
holding spray	13 oz	11.52dz	2.88dz	*1.67*
neutralizer shampoo	8 oz	4.80dz	1.20dz	*0.70*
oil sheen conditioner	10 oz	9.60dz	2.40dz	*1.40*
RYTHMODAN (1087 Roussel)				
capsules	100	3.25		
SABRINA (Utermohlen) (386 Douek)				
cotton wool in bags	36 g	0.08	.. ..	*0.12*
	75 g	0.14	.. ..	*0.21*
	110 g	0.18	.. ..	*0.27*
SAFAPRYN (969 Pfizer)				
tablets	250	1.86		
SAFESEAL (628 H of W)				
existing entry				*d*
SALACTOL (1454 Dermal)				
wart paint	10 ml	0.35		
SAMSAR (957 Perl)				
cuticle clippers	508	1.40	0.35	*2.61*
	513	1.50	0.375	*2.82*
	511	1.75	.. ..	*2.60*
	515	1.18	.. ..	*2.70*
	518	1.50	0.375	*2.82*
cuticle scissors	103/8D	0.93	0.105	*1.56*
	103/8C	0.99	0.25	*1.86*
	103/9D	0.93	0.105	*1.56*
	103/9C	0.99	0.25	*1.86*
	103/10D	0.99	0.11	*1.16*
	103/10C	1.10	0.275	*2.06*
	105/9C	1.24	0.315	*2.33*
	105/9CC	1.50	0.375	*2.82*
emery boards	3031/7	0.84dz	0.21dz	*0.13*
	3031/18	1.86dz	0.465dz	*0.29*
	3031/10	1.08dz	0.27dz	*0.17*
	3031/12	1.32dz	0.33dz	*0.21*
eyebrow tweezers	250/7d	0.25	0.065	*0.47*
	250/7b	0.25	0.065	*0.47*
	250/7r	0.25	0.065	*0.47*
	250/9d	0.30	0.075	*0.57*
	250/9b	0.30	0.075	*0.57*
	250/9r	0.30	0.075	*0.57*
	252/8d	0.31	0.08	*0.59*
	229p	0.31	0.08	*0.59*
	251/7d	0.33	0.085	*0.62*
	251/7b	0.33	0.085	*0.62*
	251/7r	0.33	0.085	*0.62*
	251/9d	0.40	0.10	*0.75*
	251/9b	0.40	0.10	*0.75*
	251/9r	0.40	0.10	*0.75*
	225d	0.85	0.215	*1.60*
	225b	0.85	0.215	*1.60*
	225r	0.85	0.215	*1.60*
	255c/d	0.62	0.155	*1.18*
	255c/b	0.62	0.155	*1.18*
	255c/r	0.62	0.155	*1.18*
	255g/d	0.77	0.195	*1.50*
	255g/b	0.77	0.195	*1.50*
	255g/r	0.77	0.195	*1.50*
eyelash brushes	3205/1	0.20	0.075	*0.43*
	3205/2	0.25	0.065	*0.47*
	3206/1	0.25	0.065	*0.47*
	3206/2	0.28	0.07	*0.53*
	3207/3	0.33	0.085	*0.62*
	3211	0.28	0.07	*0.53*
	3215	0.12	0.03	*0.23*
hoof sticks	3073	0.84dz	0.21dz	*0.13*
lipstick brushes	3080	0.40	0.10	*0.75*
	3081	0.30	0.075	*0.57*
	3079	0.20	0.05	*0.43*
nail buffers	3105/12	0.60	0.15	*1.15*
	3105/14	0.70	0.175	*1.32*
	3105/16	0.80	0.20	*1.50*
buffer skins	3112/12	0.20	0.05	*0.38*
	3112/14	0.27	0.07	*0.50*
	3112/16	0.30	0.075	*0.57*
nail clippers	535/10	1.30	0.325	*2.45*
	535/11	1.60	.. ..	*2.40*
	536	1.675	.. ..	*2.60*
	540/12	2.30	.. ..	*3.45*
	540/14	2.55	.. ..	*3.78*
	528	1.40	0.35	*2.61*
	558	0.80	0.20	*1.50*
	558/C	0.90	0.225	*1.70*
nail files	7/12	0.15	0.038	*0.28*
	7/14	0.16	0.04	*0.30*
	7/16	0.17	0.043	*0.33*
	7/18	0.19	0.048	*0.36*
	7/20	0.21	0.052	*0.40*
	7/22	0.24	0.06	*0.46*
	7/24	0.28	0.07	*0.53*
	16	0.50	0.125	*0.94*
	21	0.55	0.138	*1.03*
nail scissors	123/8D	0.93	0.105	*1.56*
	123/8C	0.99	0.248	*1.86*
	123/9D	0.93	0.105	*1.56*
	123/9C	0.99	0.248	*1.86*
	123/10D	0.99	0.11	*1.66*
	123/10C	1.10	0.275	*2.06*
	127/8D	0.93	0.105	*1.56*
	127/8C	0.99	0.248	*1.86*
	127/9D	0.93	0.105	*1.56*
	127/9C	0.99	0.248	*1.86*
	127/10D	0.99	0.11	*1.66*
	127/10C	1.10	0.275	*2.06*
	127/11D	1.10	0.12	*1.83*
	127/11C	1.24	0.31	*2.33*
	123/9DN	0.55	0.06	*0.90*
	123/9CN	0.65	0.162	*1.22*
	1351	1.65	0.185	*2.80*
orange sticks	3066/10	1.86	0.465	*0.29*
	3066/14	2.00	0.50	*0.31*
powder puffs	3675/5	0.84dz	0.21dz	*0.13*
	3675/6	0.96dz	0.24dz	*0.15*
	3675/7	1.32dz	0.33dz	*0.21*
	3675/8	1.86dz	0.467dz	*0.29*
	3675/9	2.74dz	0.685dz	*0.41*
	3675/10	3.72dz	0.93dz	*0.58*
	3675/11	5.28dz	1.32dz	*0.80*
	3675/12	0.55dz	0.138dz	*1.03*
	3675/13	0.70dz	0.175dz	*1.32*
Rhodoid combs	7701/5	0.30	0.075	*0.57*
	7701/6	0.35	0.088	*0.67*
	7701/7	0.45	0.112	*0.85*
spatulas	3364/10	0.30	0.075	*0.57*
	3364/13	0.35	0.88	*0.67*
	3364/16	0.40	0.10	*0.75*
	3365/16	0.40	0.10	*0.75*
vibrators	3321	0.50	0.125	*0.94*
SANELLA (903 NPU)				
sanitary towels				
No. 0		6.34 (4 dz)	.. ..	*0.16½*
No. 1		6.53 (4 dz)	.. ..	*0.17*
No. 2		7.30 (4 dz)	.. ..	*0.19*
soluble		5.95 (4 dz)	.. ..	*0.15½*
san-belts				
adjustable		0.88dz	0.10dz	*0.12*
de-luxe		1.22dz	0.14dz	*0.16½*
nylon		1.02dz	0.115dz	*0.14*
Parrisiene		1.52dz	0.17dz	*0.21*
SANICREPE (339 CG)				
cotton stretch bandage	2 in	1.00 dz		
	3 in	1.45dz		
	4 in	1.85dz		
	6 in	2.75dz		
SANOID (339 CG)	entire entry			*d*
SAUNA (957 Perl)				
Cologne		6.96dz	1.74dz	*0.98*
SAVLON (649 ICI)				
liquid	112 ml	0.78dz	0.195dz	0.11
	225 ml	1.34dz	0.335dz	0.19
	450 ml	2.04dz	0.51dz	0.29
	51	1.16	0.29	1.75
SCHIAPARELLI (386 Douek)				
'S' eau de toilette	2 oz	1.20	0.30	*2.20*
	4 oz	2.00	0.50	*3.70*
parfum	1/10 oz	0.52	0.13	*0.95*
	1/8 oz	0.95	0.237	*1.75*
	¼ oz	1.90	0.475	*3.50*
	½ oz	3.24	0.81	*6.00*
	1 oz	4.50	1.125	*8.30*
handbag atomiseur		2.30	0.575	*4.25*
refill		1.76	0.44	*3.25*
parfum de toilette				
atomiser	4 oz	2.80	0.70	*5.20*
refill	4 oz	2.16	0.504	*4.00*
Shocking				
Cologne	2 oz	0.86	0.215	*1.60*
	4 oz	1.60	0.40	*2.95*
	8 oz	3.20	0.80	*5.75*
parfum	1/10 oz	0.48	0.12	*0.90*
	1/8 oz	0.92	0.23	*1.70*
	¼ oz	1.76	0.44	*3.25*
	½ oz	3.12	0.78	*5.75*
	1 oz	4.74	1.185	*8.75*
	2 oz	7.56	1.89	*1-*
	4 oz	12.80	3.20	*2-*
handbag atomiseur	¼ oz	2.16	0.504	
refill	¼ oz	1.46	0.365	
aumoniere	⅓ oz	1.54	0.385	
parfum de toilette				
atomiseur	4 oz	2.65	0.662	
refill	4 oz	1.90	0.475	
talcum		0.37	0.092	
Snuff after shave	2 oz	1.10	0.275	
	4 oz	1.84	0.46	
Cologne	2 oz	1.20	0.30	
	4 oz	1.84	0.46	
SCHOLL'S (1108 SMC)				
chilblain ointment		1.74dz	0.435dz	
suede protector spray		4.32dz	.. ..	
existing entry for Tubegauz				
SCORE (172 BMCL)				
hairdressing	38 g	0.126	0.032	
	80 g	0.207	0.052	
SCRUBBS (671 Jeyes)				
ammonia	540 ml	1.37dz	.. ..	
SEA JADE (1355 Yardley)				
bath foam	3569	0.408	0.102	
bath salt tablets	3526	0.228	0.057	
Cologne	3584	0.434	0.109	
creme bath	3566	0.468	0.117	
creme perfume	3573	0.434	0.109	
dusting powder	3509	0.708	0.177	
hand cream	3515	0.255	0.064	
maxi-spray	3545	0.737	0.184	
perfume	3591	0.714	0.179	
soap-on-a-rope	3564	0.410	0.103	
soap toilet	3562	0.138	0.035	
guest	3561	0.252	0.063	
talcum	3507	0.209	0.052	
SEBBIX (1530 Fisons)				
cream shampoo	tube	1.47dz	0.37dz	
liquid shampoo bottle	67 cc	1.47dz	0.37dz	
	135 cc	2.62dz	0.65dz	
SELEEN (2 Abbott) (distributors 938 PD)				
veterinary suspension	100 ml	0.29	.. ..	
	500 ml	0.93	.. ..	
SERPLEX-K (518 Glaxo)				
tablets	100	1.05		
SHEER PERFECTION (963 PSL)				
maternity support tights		.. ..	.. ..	
SHURZINE (1133 Shurzine)				
antiseptic ointment		1.44dz	.. ..	
SIGMAMYCIN (969 Pfizer)				
capsules 250 mg	16	0.87		
	100	5.27		
	1000	51.00		
syrup	100 ml	0.55		
SILTETRIN (117 BPL)				
entire entry				
SILVIKRIN (105 BTD)				
conditioning rinse sachet		0.385dz	0.10dz	
bottle		1.38dz	0.345dz	
75 hairdressing	large spray			
SIMPLA SASSCO (1142 Simpla)				
colostomy bags	100	7.42		
ileostomy bags	100	8.25		
uris bags	100	8.73		
gel	..	0.22		
tex	..	0.22		
SINULIN (230 Carnrick)				
tablets	50	0.35	.. ..	
SIONON (1314 Weddel)				
dietetic sweetener	200 g	0.21	.. ..	
	500 g	0.43	.. ..	
SISTER LAURAS (1146 SL)				
food	300 g	0.20	.. ..	
SKETOFAX (1610 WCSD)				
tube of 17.5G				
SLOW SODIUM (262 CIBA)				
tablets	dp 500	1.50		
SMITH KENDON (1152 SK)				
fruit flavour lollipops		0.66 (50)	0.12 (50)	
SNOWDON HEATHER (1612 SHP)				
after shave		2.30dz	0.575dz	
hand lotion		1.85dz	0.462dz	
perfume		1.80dz	0.45dz	
spray		3.30dz	0.825dz	
pot pourri		1.15dz	0.287dz	
talcum powder		1.70dz	0.425dz	
soap		1.55dz	0.387dz	
SOF'DOWN (1349 LW)				
Swedish-style disposable nappies				
standard	(10)	1.20dz	.. ..	
standard	(20)	2.25dz	.. ..	
night-time size		2.25dz	.. ..	
tie pants		1.20dz	.. ..	
existing entry for small				
SOFTEXE (339 CG)				
household wool				
pleated	small	0.80dz		
	medium	1.43dz		
roll		2.15dz		
SPARKLETS (183 BOC)				
syphons				
Ambassador		6.05	0.68	
Aquarius		3.53	0.40	

		Trade £.p	Tax £.p	Retail £.p	
ecutive		3.91	0.44	*5.65*	
bemaster		4.81	0.54	*6.95*	
stmaster		3.53	0.40	*5.10*	
lbs	10	3.84dz	0.70dz	*0.48½*	
20's and mini pack					*d*
im jugs		1.19	0.13	*1.95*	
bulb holders and drip trays					*d*
OLYTH (181 Felsol)					
	12	0.14	0.035	*0.22½*	
	60	0.56			
AM (2 Abbott)					
stributors 938 PD)					
injectable 100 mg/ml					
	100 ml	3.41	.. ..	*5.11½*	TS
poultry injectable					
	500 ml	3.41	.. ..	*5.11½*	TS
soluble	100 g	5.88	.. ..	*8.82*	TS
EX (1174 Sponcel)					
stributors 903 NPU)					
sponges					
lulose baby		0.82dz	0.205dz	*0.12*	
toilet		1.13dz	0.285dz	*0.16½*	
shower		1.54dz	0.385dz	*0.22½*	
bath		2.26dz	0.57dz	*0.33*	
small, medium and large					*d*
ure baby		0.82dz	0.205dz	*0.12*	
toilet		1.06dz	0.265dz	*0.15½*	
bath		1.47dz	0.37dz	*0.21½*	
small, medium and large					*d*
TTER'S (1307 Waterhouse)					
m hydroxide & vitamins					
mposite pack		0.70	.. ..	*1.00*	
848 Minnesota)					
shower talc	100 g	2.00dz	0.50dz	*0.28*	
have lotion	100 ml	2.86dz	0.715dz	*0.40*	
REE (672 Johnson)					
pads	10	0.095	.. ..	*0.13*	
86 Douek)					
s					
ssing table glass					
31101/2		.. ..		*2.75*	
1103/4/5		.. ..		*2.90*	
4102		.. ..		*3.00*	
44103/4		.. ..		*3.15*	
5102, 55104/5/6/7		.. ..		*4.00*	
trim					
4202		.. ..		*3.50*	
204		.. ..		*5.50*	
4206/7		.. ..		*7.90*	
oges china					
1201, 31238		.. ..		*4.50*	
1209		.. ..		*7.40*	
ux rouen					
5501		.. ..		*6.60*	
5502, 55505		.. ..		*8.50*	
55504		.. ..		*6.40*	
ag sprays					
s					
10101, 10104,					
10109, 10110		.. ..		*1.80*	
10201, 10218		.. ..		*2.25*	
10702/3/4		.. ..		*3.50*	
al					
10222/3		.. ..		*3.00*	
10224		.. ..		*2.50*	
oges china					
10130/1/2		.. ..		*2.80*	
10301/2, 10311		.. ..		*3.25*	
10309, 10733		.. ..		*4.90*	
10326, 10334		.. ..		*4.00*	
10735, 10738/9		.. ..		*5.50*	
tal					
10761, 10770		.. ..		*5.50*	
10763, 10767		.. ..		*4.40*	
10768		.. ..		*4.90*	
10769		.. ..		*5.90*	
de luxe					
10330, 20332/3/4/5/6/7		.. ..		*3.50*	
grand luxe					
20412/3/4		.. ..		*4.50*	
standard					
20108, 20115, 20125,					
20127, 20129/30/31		.. ..		*3.00*	
r of pearl					
0603		.. ..		*4.50*	
0760		.. ..		*5.50*	
int					
0621		.. ..		*3.30*	
rouen					
0501		.. ..		*3.00*	
0506		.. ..		*3.15*	
0509, 10510		.. ..		*3.50*	
0801/2/3		.. ..		*3.30*	
ENT (1037 Reckitt)					
r	small	0.95dz	0.222dz	*0.12½*	
	medium	1.48dz	0.336dz	*0.19*	
	large	2.14dz	0.487dz	*0.28*	
s	17	1.04dz	0.241dz	*0.13½*	
	26	1.52dz	0.346dz	*0.19½*	
FAX (208 BW)					
entry					*d*
S (1194 Stone)					
e of rennet	100 ml	1.25dz	.. ..	*0.13*	
	200 ml	2.00dz	.. ..	*0.22*	
	300 ml	2.64dz	.. ..	*0.29*	
	500 ml	3.86dz	.. ..	*0.40*	
	40 oz	6.40dz	.. ..	*0.70*	
2 oz and 20 oz					*d*

		Trade £.p	Tax £.p	Retail £.p	
SULFATHALIDINE (837 MSD)					
entire entry					*d*
SUNSILK (412 Elida-Gibbs)					
shampoo	sachet	0.305dz	0.075dz	*0.04½*	
	bottle	1.32dz	0.33dz	*0.17½*	
	magnum	1.96dz	0.49dz	*0.26*	
SUPAVITE (172 BMCL)					
capsules	21	0.262	.. ..	0.36	
	42	0.499	.. ..	0.69	
	84	0.862	.. ..	1.19	
SUPERSOFT (1038 R&C)					
wig cleaner					*d*
SURE (412 Elida-Gibbs)					
existing entry for anti perspirant handy					*d*
anti-perspirant aerosol					
	small	2.435dz	0.61dz	*0.33*	
TABLOID (208 BW)					
aminophylline 0.1 g					
	500	0.70	.. ..	1.05	
cyclobarbitone 200 mg	pack of 1,000				*d*
ergometrine maleate 0.5 mg					
	500	5.00	.. ..	7.50	
pethidine HCl 25 mg pack of 500					*d*
50 mg pack of 500					*d*
phenacetin compound pack of 25 & 100					*d*
TACE (838 Merrell)					
capsules	50	0.88	.. ..	1.32	†s4B
	250	3.60	.. ..	5.40	†s4B
tablets	50	1.26	.. ..	1.89	†s4B
TAKA DIASTASE (938 PD)					
elixir	500 ml				*d*
TAME (1242 Toni)					
cream rinse	60 g	1.53dz	0.37dz	*0.21*	
	112 g	2.26dz	0.54dz	*0.31*	
TAYLORS (1073 Robinson)					
entire entry					*d*
TAYLORS (1073 Robinson)					*l*
belladonna plasters porous					
BPC white cloth					
5 x 7½in	04750	0.69dz			†
7 x 11in	04757	1.367dz			†
red felt					
5 x 7½in	04790	1.345dz	0.336dz		†
7 x 11in	04794	2.685dz	0.671dz		†
red flannelette					
5 x 7½in	04780	1.035dz	0.259dz		†
7 x 11in	04784	2.080dz	0.52dz		†
boil plasters	04703	0.665dz	0.166dz		
corn plaster, Ivy leaf					
	04730	0.485dz	0.121dz		
sal. acid 1¾ x 3in 20%					
	04734	0.34dz	0.085dz		
40%					
	04735	0.375dz	0.094dz		
first aid dressings					
waterproof tins					
	04860	0.605dz			
	04861	1.21dz			
strips					
2½ x 6in x 12					
	04869	0.813			
¾ x 1½in x 144					
	04870	0.655			
¾ x 2½in x 144					
	04871	0.67			
¾ x 3in x 144					
	04872	0.675			
wound dressings					
2in x 3in x 50					
	04878	0.69			
circlettes ⅞ in dia 100					
	04883	0.365			
1 3/16 in dia 100					
individually wrapped					
¾in x 3in x 100					
	04892	0.725			
sponge rubber adhesive					
⅞ in x 3½in x 6in (3)					
	04685	4.27			
unspread					
⅞ in x 3½in x 6in (3)					
	04686	3.725			
strapping adhesive waterproof					
1in x 1yd	04850	0.755dz			
1in x 2½yds	04851	0.935dz			
1in x 5yds	04853	1.570dz			
2in x 5yds	04854	2.615dz			
3in x 5yds	04855	3.45dz			
wool felt white					
semi compressed					
9in x 18in x 7/16 in					
	04603	2.29			
5/16 in					
	04605	3.02			
7/16 in					
	04607	3.805			
zinc oxide plaster BPC					
1in x 1yd	04021	0.54dz			
½in x 3½yd	04022	0.875dz			
1in x 3½yds	04023	1.23dz			
½in x 5yds	04024	1.14dz			
1in x 5yds	04025	1.69dz			
2in x 5yds	04026	2.85dz			
3in x 5yds	04027	3.85dz			
½in x 10yds	04028	1.69dz			
1in x 10yds	04029	2.66dz			
2in x 10yds	04030	4.51dz			
3in x 10yds	04031	6.26dz			

		Trade £.p	Tax £.p	Retail £.p	
TEEVEX (501 Geigy)					
	30 g	0.19			
	150 g				*d*
TERRA-CORTRIL (969 Pfizer)					
ear suspension	5 ml	0.38			TS
spray	30 ml	0.58			TS
	60 ml	1.02			TS
topical ointment	15 g	0.56			TS
	30 g	1.01			TS
TETRACHEL (117 BPL)					
tablets 250 mg	1000	8.20	.. ..	*12.30*	TS
TETRACYN (969 Pfizer)					
capsules 250 mg	100	1.61			TS
	1000	15.43			TS
intramuscular injection					
100 mg	vial	0.19			TS
intravenous injection					
250 mg	vial	0.19			TS
500 mg	vial	0.34			TS
syrup 125mg/5ml					
	100 ml	0.32			TS
	500 ml	1.33			TS
tablets 100 mg	100	1.58			TS
250 mg	100	1.61			TS
	1000	15.43			TS
TETRACYN-SF (969 Pfizer)					
capsules	100	2.20			TS
	1000	21.00			TS
TETRIPAK (1345 Woodward)					
tablets 250 mg	20	0.30	.. ..	0.45	TS
THE OLD BREWMASTER (1628 TOW)					
bitter beer kit		0.50	.. ..	*0.75*	
lager kit		0.57	.. ..	*0.85*	
THE OLD WINEMAKER (1628 TOW)					
de luxe winemaking kits		1.97	.. ..	*2.95*	
THERMOGENE (1073 Robinson)					
wool	1	1.48dz	0.37dz		
	2	2.625dz	0.655dz		
THERMOS (1226 Themos)					
vacuum flasks					
	25½	.. ..		*0.56*	
	2525	.. ..		*0.92*	
	26	.. ..		*0.55*	
	18½	.. ..		*0.52*	
	18	.. ..		*0.58*	
	1818	.. ..		*0.86*	
	18Q	.. ..		*0.95*	
	18QH	.. ..		*0.98*	
	16QHT	.. ..		*1.15*	
refills	18½F	.. ..		*0.33*	
	14F	.. ..		*0.36*	
	1818F	.. ..		*0.53*	
	14QF	.. ..		*0.60*	
food jars	62	.. ..		*1.15*	
	64	.. ..		*1.40*	
	66	.. ..		*1.00*	
	68	.. ..		*1.25*	
	620	.. ..		*5.00*	
	82	.. ..		*14.00*	
	609	.. ..		*10.50*	
refills	62F	.. ..		*0.60*	
	64F	.. ..		*0.70*	
ice bowls	923	.. ..		*10.50*	
	925	.. ..		*12.50*	
	931	.. ..		*6.00*	
	929	.. ..		*7.50*	
jugs	71	.. ..		*1.55*	
	71Q	.. ..		*2.00*	
refill	29QF	.. ..		*2.00*	
	J/2F	.. ..		*2.00*	
jar stopper expanding					
	707	.. ..		*0.50*	
jug stoppers	67/1	.. ..		*0.25*	
	67/2, 30/2	.. ..		*0.30*	
	29Q	.. ..		*0.60*	
	48/2	.. ..		*0.44*	
THREE WISHES (412 Elida Gibbs)					
foam bath		2.925dz	0.73dz	*0.39*	
TIGER (1613 HPL)					
vacuum					
flasks	TR3-10	.. ..		*4.31*	
	CTR3-10	.. ..		*4.31*	
	TRS-10	.. ..		*6.08*	
	TRX-10	.. ..		*4.47*	
	TM2-10	.. ..		*4.47*	
	SA6.5	.. ..		*5.27*	
	T-10	.. ..		*5.42*	
	C/T-10	.. ..		*5.42*	
	TRD-10	.. ..		*6.28*	
	TRF-10	.. ..		*5.78*	
	TRC-10	.. ..		*6.50*	
	HF-10	.. ..		*7.23*	
	ACC-13	.. ..		*7.88*	
	M10	.. ..		*7.56*	
	M13	.. ..		*8.33*	
	M16	.. ..		*8.84*	
	M19	.. ..		*9.62*	
	MP19	.. ..		*12.72*	
	EP19	.. ..		*13.53*	
dualator	TR3-10	.. ..		*4.84*	
ice creamer		.. ..		*6.85*	
spare cups		.. ..		*0.84*	
ice jar	IJ10	.. ..		*5.48*	
	IJ12	.. ..		*6.28*	
	IJR10	.. ..		*6.15*	
	IJR12	.. ..		*6.55*	
ice shaver	API	.. ..		*6.30*	
TINY TOT (848 Minnesota)					
cough mixture	55 ml	1.08dz	0.27dz	0.15	

	Trade £.p	Tax £.p	Retail £.p	
diarrhoea mixture 60 ml	1.08dz	0.27dz	0.15	
TOGAL (533 Grabowski)				
tablets 42	2.40dz	0.60dz	*0.35*	
TONI (1242 Toni)				
home permanent				
regular, super and gentle				
whole head	4.31dz	1.03dz	*0.59*	
tip	2.84dz	0.68dz	*0.39*	
TOTOMYCIN (147 Boots)				
tablets 250 mg 100	0.75	.. ..		TS.
1000	7.20	.. ..		TS
TRENIMON (97 Bayer)				
dry substance				
ampoules 0.2 mg 5	3.70			†s1s4A
tablets 30	2.46			†s1s4A
TRILL (967 Petfoods)				
handy	2.40 (4 dz)	0.38 (4 dz)	*0.07*	
large	2.06 (2 dz)	0.32 (2 dz)	*0.12*	
TUBEGAUZ (1108 SMC)				
retail pack	1.52dz	.. ..	*0.19*	
refill No 01 x 5 yd	1.12dz	.. ..	*0.14*	
TUBEGAUZ (1127 Seton)				
No 1	2.80dz	.. ..	*0.35*	
No 12	3.69dz	.. ..	*0.46*	
No. 34	3.98dz	.. ..	*0.48*	
No. 56	5.51dz	.. ..	*0.68*	
No. 78	6.59dz	.. ..	*0.82*	
No. T1	9.35dz	.. ..	*1.16*	
No. T2	12.16dz	.. ..	*1.50*	
applicator, plastic No OP	0.40	.. ..	*0.05*	
metal No 00	0.10	.. ..	*0.15*	
No 0	0.10	.. ..	*0.15*	
No 1	0.39	.. ..	*0.58½*	
No 2	0.41	.. ..	*0.61½*	
No 3	0.44	.. ..	*0.66*	
No 4	0.47	.. ..	*0.70½*	
No 5	0.50	.. ..	*0.75*	
No 6	0.53	.. ..	*0.79½*	
No 7	0.55	.. ..	*0.82½*	
No 8	0.58	.. ..	*0.87*	
TWICE AS LASTING (525 Golden)				
existing entry				*d*
TWICE AS LASTING (525 Golden)				*i*
hairset				
single application pack	0.67dz	0.17dz	*0.09½*	
three application pack 45 cc	1.62dz	0.41dz	*0.23*	
six application pack 90 cc	2.34dz	0.58dz	*0.33*	
with colour				
single application	0.67dz	0.17dz	*0.09½*	
three application pack	1.62dz	0.41dz	*0.23*	
TWINK (412 Elida-Gibbs)				
roller tweeny	1.44dz	0.36dz	*0.20*	
TYRODAC (346 Dales)				
packs of 100 and 250				*d*
ULTRA BRITE (280 CP)				
toothpaste standard	4.88 (4dz)	1.22 (4dz)	*0.15½*	
large	5.32 (3dz)	1.33 (3dz)	*0.22½*	
ex large	2.41dz	0.60dz	*0.30½*	
family	2.99dz	0.75dz	*0.38*	
ULTRAPEN (969 Pfizer)				
syrup 125mg/5ml 100 ml	0.92			TS
tablets 125 mg 20	0.62			TS
100	2.58			TS
250 mg 20	1.16			TS
100	5.10			TS
500	24.38			TS
URODONAL (346 Dales)				
(distributors 1556 Farillon)				*i*
VADEMECUM (957 Perl)				
mouthwash trial size	0.06	0.015	*0.10*	
50 cc	0.445	0.111	*0.69*	
atomiser	0.55	0.137	*0.93*	
Swedish complexion soap	0.12	0.03	*0.20*	
toothpaste	0.21	0.052	*0.35*	
VALDERMA (1038 R & C)				
antiseptic balm tube	1.75dz	.. ..	0.19	
	2.165dz	.. ..	0.24	
jar 1 oz	1.725dz	.. ..	0.19	
2 oz	2.61dz	.. ..	0.29	
4 oz	3.33dz	.. ..	0.39	
VALPAK (1038 R&C)				
face cream tube 34 g	1.395dz	0.35dz	*0.18*	
VARIBAN (339 CG)				
elastic adhesive bandage				
1 in x 3 yd	1.65dz			
2 in x 3 yd	2.90dz			
3 in x 3 yd	4.25dz			
4 in x 3 yd	5.55dz			
2½ in x 3 yd				*d*
VARIDASE (746 Lederle)				
topical 125,000 units	2.06	.. ..		TS
oral tablets 12	1.40	.. ..		TS
VATENSOL (969 Pfizer)				
tablets 10 mg 100	1.31			
40 mg 100	4.92			
VEET'O' (1038 R & C)				
hair removing cream	1.735dz	0.435dz	*0.22*	
	2.155dz	0.54dz	*0.27*	

	Trade £.p	Tax £.p	Retail £.p	
	2.93dz	0.735dz	*0.38*	
lotion	2.96dz	0.74dz	*0.39*	
VERONA (1276 VPL)				
bath pearls	1.03dz	0.257dz	*0.15*	
VERS TOI (1350 Worth)				
parfum				
Bijou 7 cc	.. ..		*3.70*	
Flacon Plat 14 cc	.. ..		*5.00*	
28 cc	.. ..		*8.80*	
Le Medaillon 7 cc	.. ..		*3.40*	
VIBAZINE (969 Pfizer)				
tablets 25 mg 100	1.40			†s7
VIBRAMYCIN (969 Pfizer)				
capsules 100 mg 10	2.68			TS
50	12.85			TS
syrup 50mg/5ml 30 ml	0.84			TS
existing entry of 50 ml				*d*
VICK (1055 RM)				
formula 44				
doxylamine cough mixture				
small	2.20dz	0.55dz	*0.29*	
large	3.34dz	0.835dz	*0.44*	
lozenges regular	2.02 (40 pkts)	0.505 (40 pkts)	0.08	
cherry, lemon, blackcurrant	2.115 (40 pkts)	0.38 (40 pkts)	0.08	
steam inhalation unit	0.375	.. ..	*0.49*	
VIDAL (881 Natura)				
after shave lotion 50 cc	0.40	0.10	*0.75*	
100 cc	0.68	0.17	*1.28*	
foam bath 70 g	0.26	0.065	*0.48*	
140 g	0.42	0.105	*0.80*	
280 g	0.68	0.17	*1.28*	
pre-shave lotion 50 cc	0.45	0.112	*0.85*	
shave cream aerosol				
190 g	0.50	0.125	*0.93*	
lather 100 g	0.30	0.075	*0.56*	
soap toilet 130 g	0.42	0.105	*0.78*	
deodorant stick and talcum				*d*
VITALIS (172 BMCL)				
57 cc	0.12	0.03	*0.20*	
114 cc	0.215	0.054	*0.36*	
200 cc	0.31	0.078	*0.51*	
VITAPLUS (34 A&H)				
tablets 30	0.26	.. ..	0.39	
60	0.48	.. ..	0.72	
VIVRE (1378 Molyneux)				
perfume ⅛ oz	.. ..		*3.50*	
¼ oz	.. ..		*4.75*	
½ oz	.. ..		*7.25*	
1 oz	.. ..		*10.90*	
2 oz	.. ..		*16.85*	
toilet water 2 oz	.. ..		*3.75*	
4 oz	.. ..		*5.75*	
8 oz	.. ..		*8.50*	
14 oz	.. ..		*14.75*	
WATER PIK (1634 Teledyne)				
model 49	.. ..		*18.90*	
model 52	.. ..		*26.25*	
WELLA (1318 Wella)				
almond creme rinse 95 cc	2.40dz	0.60dz	*0.35*	
herbal creme rinse 95 cc	2.40dz	0.60dz	*0.35*	
existing entry for bottle				*d*
lemon creme rinse 95 cc	2.40dz	0.60dz	*0.35*	
existing entry for bottle				*d*
WELLCOME (208 BW)				
cholera vaccine 1.5 ml	0.24	.. ..	0.36	
leptospira antiserum 10 ml	2.00	.. ..	3.00	
typhoid vaccine				
monovalent 1.5 ml	0.22	.. ..	0.33	
typhoid-paratyphoid				
T.A.B. 1.5 ml	0.24	.. ..	0.36	
T.A.B.C. 1.5 ml	0.24	.. ..	0.36	
T.A.B. and Cholera 1.5 ml	0.24	.. ..	0.36	
T.A.B.T. 1.5 ml	0.24	.. ..	0.36	
aminophylline BP intramuscular 0.5 g in 2 ml pack of 5				*d*
pethidine hydrochloride				
injection 10 mg/ml pack of 25 ml				*d*
stilbophen injection packs of 25 ml and 100 ml				*d*
WELLCOVAX (208 BW)				
measles virus vaccine 1 dose	0.70	.. ..	1.05	
WELSH (1612 SHP)				
lavender flowers sachets	0.85dz	0.212dz	*0.13*	
soap	1.55dz	0.387dz	*0.24*	
water	1.65dz	0.412dz	*0.25*	
WHITE'S DR (761 Lilia White)				
Panty pads	1.47dz	.. ..	0.15	
WHIZ (671 Jeyes)				
air freshener blocks	1.49 (3 dz)	.. ..	*0.05*	
WILD FERN (1355 Yardley)				
soap 3362	0.138	0.035	*0.22*	
spray mist 3345	0.737	0.184	*1.29*	
talcum 3307	0.209	0.052	*0.37*	
WOLTZ ITALIANA (1363 SAL)				
make-up				
fluid	2.62dz	0.63dz	*0.39*	
	3.69dz	0.89dz	*0.55*	
jelle blusher	3.29dz	0.80dz	*0.49*	
lipstick, mini hot paints	2.62dz	0.63dz	*0.39*	
manicure				
base coat	1.95dz	0.47dz	*0.29*	
cuticle remover	1.95dz	0.47dz	*0.29*	
cuticle softening creme	2.82dz	0.68dz	*0.42*	

	Trade £.p	Tax £.p
nail enamel		
classic regular	2.15dz	0.52dz
pearl	2.82dz	0.68dz
mini regular	1.82dz	0.44dz
pearl	2.03dz	0.49dz
super brilliant	3.49dz	0.85dz
creme	2.82dz	0.68dz
remover lanoline	1.95dz	0.47dz
oily	1.68dz	0.40dz
thinner	1.68dz	0.40dz
top coat	1.95dz	0.47dz
WRIGHT'S (1351 WLU)		
coal tar soap toilet	1.91½ (3 dz)	0.48 (3 dz)
bath	1.78 (2 dz)	0.445 (2 dz)
giant	1.28dz	0.32dz
YARDLEY (1355 Yardley)		
existing entry		
YARDLEY (1355 Yardley)		
bath salt tablets 1426	0.228	0.057
Beauty Magic 1513J	0.317	0.079
1513	0.504	0.126
complexion powder 1400	0.317	0.079
de luxe compact 902	0.371	0.093
dry skin cleansing cream 413J	0.274	0.069
English complexion cream 414	0.311	0.078
English Lavender		
bath salt tablets 1626	0.228	0.057
Cologne crystallized 7270	0.371	0.093
mini spray 7245J	0.391	0.098
dusting powder 1709	0.708	0.177
perfume 7280	0.317	0.079
7282	0.360	0.09
7283	0.474	0.118
7284	0.652	0.163
7286	0.942	0.236
7288	1.914	0.479
soap toilet 1662	0.138	0.035
bath 1663	0.214	0.054
talcum 1707	0.209	0.052
1707L	0.280	0.07
eye make up		
pearly creams/shiners 578	0.215	0.054
Soul Set shadows 584	0.215	0.054
palettes 584P	0.434	0.108
quick wink mascara 579	0.334	0.083
feather finish refill 904	0.220	0.055
feather foundation 516	0.311	0.078
foundation cream 1410	0.311	0.078
hand cream 415	0.255	0.064
415L	0.334	0.084
lipsticks 4469	0.255	0.664
large 4469L	0.300	0.075
Soul Shimmer 969	0.255	0.064
large 969L	0.300	0.075
Suki Pearl 568	0.255	0.064
large 568L	0.300	0.075
moisture tint foundation 517	0.311	0.078
nail polish 590	0.22	0.055
nature lipids		
cream cleanser 120cc 913	0.504	0.126
cream moisturiser 60cc 912	0.504	0.126
skin freshener 120cc 918	0.459	0.114
oatmeal complexion soap 3462	0.138	0.035
Poise mist 1440	0.311	0.078
roll on 1540	0.311	0.078
rose roll on 1140	0.311	0.078
skin freshener 418L	0.391	0.098
Supertint 551	0.274	0.069
vitamin skin cream 411J	0.274	0.069
411L	0.436	0.109
for men		
Black Label		
after shave 2558J	0.28	0.07
2558	0.405	0.101
anti-perspirant aerosol 2542	0.339	0.085
stick 2570	0.28	0.07
deodorant roll on 2541	0.28	0.07
shower talc 2507	0.30	0.075
pre-electric shave 2522J	0.28	0.07
soap 2562	0.138	0.035
brilliantines		
lavender oil 1734	0.22	0.055
solid 1641	0.22	0.055
shave cream brushless 2057	0.238	0.059
lather 2056	0.238	0.059
shaving foam 2051	0.371	0.093
shaving soap in bowl		
plastic 2155	0.371	0.093
wooden 2055	0.56	0.14
shaving stick 2153	0.238	0.059
refill 2054	0.16	0.04

For sore throats–mouth infections–sore gums

Oraldene

Unique, 8-hour antibacterial action from a single rinse
One pack O.T.C./prescription
A chemist-only product with high profit margin

William R. Warner & Company Ltd.,
Eastleigh, Hants. Tel. Eastleigh 3131

		Trade £.p	Tax £.p	Retail £.p
"				
after shave	2058J	0.255	0.064	*0.45*
	2058	0.339	0.085	*0.60*
deodorant roll on				
	2040	0.28	0.07	*0.49*
stick	2140	0.28	0.07	*0.49*
pre-electric shave				
	2022J	0.255	0.064	*0.45*
shower talc	2009	0.28	0.07	*0.49*
STREL (793 MFL)				
	7 lb	1.96	.. ..	*2.45*
ESAN (97 Bayer)				
lets 0.5 g	4	0.51		
LINE (Weil)(961 EGP)				
de Cologne	1 oz	0.54	0.135	*1.00*
	2 oz	0.97	0.242	*1.80*
	4 oz	1.57	0.392	*2.90*
	8 oz	2.38	0.595	*4.40*
	16 oz	4.11	1.027	*7.60*
m bath	6½ oz	0.97	0.242	*1.80*
fum de toilette	1 oz	0.92	0.23	*1.70*
	2 oz	1.46	0.365	*2.70*
	4 oz	2.38	0.595	*4.40*
	8 oz	3.84	0.96	*7.10*
	16 oz	6.49	1.622	*12.00*
atomiser	2 oz	1.73	0.432	*3.20*
	4 oz	2.49	0.622	*4.60*
fum	⅛ oz	1.14	0.285	*2.10*
	¼ oz	1.95	0.487	*3.60*
	½ oz	3.46	0.865	*6.40*
	1 oz	5.35	1.337	*9.90*
	2 oz	8.54	2.135	*15.80*
	4 oz	14.70	3.675	*27.20*
	8 oz	24.70	6.175	*45.70*
	16 oz	41.24	10.31	*76.30*
tomiser de luxe	1 oz	6.16	1.54	*11.40*
refill	1 oz	4.76	1.19	*8.80*
diffusette	⅓ oz	2.05	0.512	*3.80*
	½ oz	3.51	0.877	*6.50*
Satin body perfume				
	1 oz	0.81	0.205	*1.50*
	2 oz	1.35	0.337	*2.50*
	4 oz	2.16	0.54	*4.00*
ret de Venus bath				
and body oil	½ oz	1.89	0.472	*3.50*
	1 oz	3.08	0.77	*5.70*
	2 oz	5.51	1.377	*10.20*
	4 oz	8.27	2.067	*15.30*
	8 oz	11.78	2.945	*21.80*
	16 oz	17.68	4.42	*32.70*
	32 oz	29.46	7.365	*54.50*
ip	2¾ oz	0.27	0.067	*0.50*
c de toilette	4 oz	0.59	0.147	*1.10*

NDMENTS TO KEY TO SUPPLIERS

228	Carlton	=	Carlton Laboratories (UK) Ltd 5 Manor Parade, Salvington Road, Durrington, Worthing. Worthing 63235
325	C-A	=	Crookes - Anestan Ltd, P.O. Box 94, 1 Thane Road West, Nottingham NG2 3AA
599	Henley	=	Henleys of Hornsey Ltd, Alexandra Works, Clarendon Road, London N.8. 01-889 3151
624	Houbigant	=	Houbigant Ltd, Salbrook Road, Salfords, Redhill, Surrey. 02934 71561
839	Mia	=	Mia Cosmetics, 11 Dover Street, London W1X 3PH. 01-499 4741
884	NTD	=	Network Technical Distributors Ltd, 335 Hendon Way, London NW4. 01-202 8200
912	O	=	Oppenheimer Son & Co Ltd, Sanitas House, Stockwell Green, London SW9 9JJ. 01-274 2076
923	OG	=	Osborne Garrett Nagele Ltd, Edgware Road, London N.W.9. 01-205 0111
935	Papier Poudre	=	Papier Poudre, Crompton Road, Stevenage, Herts. 0438 57241
·1121	Searle	=	Searle Laboratories, Whalton Road, Morpeth, Northumberland. Morpeth 4311
1133	Shurzine	=	The Shurzine Pharmacy Ltd, 478 Old London Road, Hastings. Hastings 3314
1162	Sorex	=	Sorex (London) Ltd, Fulton House, Empire Way, Wembley, Middlesex HA9 0LX. 01-902 8686
1222	Taunton	=	The Taunton Cider Company Ltd, Norton Fitzwarren, Taunton, Somerset. Taunton 83141
1276	VPL	=	Vernon Powell Ltd, Verona House, 54 Selsdon Road, Croydon, Surrey CR2 6XE. 01-688 8375
1346	Woodward	=	W. Woodward Ltd, Sanitas House, Stockwell Green, London SW9 9JJ. 01-274 2076
1501	DGL	=	Dreamland Group Ltd, Shipyard Estate, Hythe, Southampton, Hants. SO4 6YE. 042-14 3471
1627	B&D	=	A.J.Box & Drivers Ltd, Powerscroft Road, Footscray, Sidcup, Kent DA14 5EG. 01-300 3377
1628	TOW	=	The Old Winemaker, Pulborough, Sussex. Pulborough 2555
1629	Nelson	=	A. Nelson & Co Ltd, 73 Duke Street, London W1M 6BY. 01-629 3118
1630	R&RL	=	Renham & Romley Ltd, Canfield Place, London NW6 3BT. 01-624 6223
1631	Mediline	=	Mediline UK Ltd, Hillsons Road, Curdridge, Hants. SO2 2DY. Botley 2225
1632	Medicomb	=	Medicomb Ltd, 19 Hanover Street, Liverpool L1 3DU. 051-709 9385
1633	Rochas	=	Rochas Perfumes Ltd, 27 Grosvenor Street, London W1. 01-629 1713
1634	Teledyne	=	Teledyne Aqua Tec UK, Alexandra Street, Hyde, Cheshire SK14 1DY. 061-368 7526
1635	Sas	=	Sas Scientific Chemicals Ltd Victoria House, Vernon Place, London WC1B 4DR. 01-405 7954
1636	Lennard	=	J.P.Lennard Ltd, 33 Long Furlong, Rugby, Warwickshire. Rugby 4839
1637	Landaw	=	L. Landaw & Co Ltd, 95 Burns Road, London N.W.10. 01-965 9381
1638	R&CHD	=	Reckitt & Colman, Household Division, Hurst Street, Reddish, Stockport, Cheshire SK5 7BB. 061-432 1811

THIS WEEK'S CHANGES

		Trade £.p	Tax £.p	Retail £.p	
AD. A. M. (1091 Rybar)					
mixture	150 ml	0.24	0.06	*0.42*	*†a*
AGFA (16 AGL)					
films black & white					
Agfapan 1000					
roll 120		0.22	0.055	*0.36½a*	
Dia direct					
35mm	36exp	0.79	0.115	*1.23*	
Isopan 126	12exp	0.17	0.04	*0.27½*	
	20exp	0.235	0.06	*0.39½*	
Isopan IF and ISS					
roll 127, 120 & 620		0.135	0.035	*0.24*	
35mm cassette					
	Rapid	0.185	0.045	*0.31*	
	20exp	0.22	0.055	*0.37½*	
	36exp	0.29	0.07	*0.48*	
5 metre length		0.455	0.115	*0.76*	
17 metre length		1.41	0.35	*2.37*	
Isopan Ultra					
35mm cassette					
	36exp	0.29	0.07	*0.48*	
5 metre length		0.455	0.115	*0.76*	
17 metre length		1.41	0.35	*2.37*	
Agfapan 35mm					*d*
Isopan IFF					*d*
AGFACOLOR (16 AGL)					
projectors					
automatic 50		22.945	5.735	*41.03½a*	
negative film CNS					
standard cassette					
35mm	12exp	0.315	0.08	*0.46½*	
	20exp	0.385	0.095	*0.57*	
	36exp	0.525	0.13	*0.77½*	
126	12exp	0.335	0.085	*0.50*	
	20exp	0.42	0.105	*0.62*	
Rapid		0.335	0.085	*0.50*	
roll film 127, 120, 620		0.28	0.07	*0.41½*	
reversal film CT18					
126	20exp	0.93	0.14	*1.27½*	
35mm cassette					
	20exp	0.93	0.14	*1.27½*	
	36exp	1.355	0.18	*1.85*	
Rapid		0.73	0.085	*1.05*	
roll film 127, 120, 620		0.71	0.085	*0.96½*	
8mm cine CT135	25ft	1.10	0.175	*1.51½*	
8mm cine CK17					
super 8		1.31	0.23	*1.82*	
8mm Movex cassette		1.26	0.23	*1.99*	
16mm cine					
spool	100ft	3.105	0.54	*4.30*	
ALBERTO-CULVER (24 ACC)					
Get Set hairspray					
normal hold	150 g	1.87dz	0.45dz	*0.26*	*i*
	303 g	2.96dz	0.70dz	*0.41*	*a*
superhold	120 g				*d*
	150 g	1.87dz	0.45dz	*0.26*	*i*
	303 g	2.96dz	0.70dz	*0.41*	*a*
	120 g				*d*
for greasy hair 120 g & 303 g					*d*
ANAROIDS (1091 Rybar)					
	12	0.16	0.04	0.28	*a*
pack of 96					*d*
ANTOIN (311C)					
tablets	20	0.12	0.03	0.21	†s7DDI*a*
	50	0.22	0.05	0.37½	†s7DDI
	250	0.82			†s7DDI
ARRID (235 CW)					
antiperspirant deodorant aerosol					
light powder	130 g	3.26dz	0.78dz	*0.42*	*a*
	190 g	4.13dz	0.98dz	*0.53*	
	255 g	5.14dz	1.22dz	*0.66*	
antiperspirant extra dry					

MEET THE SUPERMARKET COMPETITION
WITH WALLIS COMPETITIVE PACKS
WALLIS WATFORD HERTS

		Trade £.p	Tax £.p	Retail £.p	
aerosol standard					
	130 g	3.26dz	0.78dz	*0.42*	
	190 g	4.13dz	0.98dz	*0.53*	
	255 g	5.14dz	1.22dz	*0.66*	
unscented	130 g	3.26dz	0.78dz	*0.42*	
	190 g	4.13dz	0.98dz	*0.53*	
	255 g	5.14dz	1.22dz	*0.66*	
antiperspirant supreme					
cream	15 g	1.87dz	0.44dz	*0.24*	
	28 g	2.34dz	0.55dz	*0.30*	
roll-on	42 g	2.34dz	0.55dz	*0.30*	
ARTHRO PAD (1127 Seton)					
existing entry					*d*
ARTHRO PAD (1127 Seton)					*i*
(distributors 93 BJ)					
bandage support					
	code 16	0.54	..	*0.80*	
	code 17	0.62	..	*0.93*	
	code 18	0.68	..	*1.02*	
ASTRAL (333 Cupal)					
general purpose blocks					
bouquet		..	..	*0.08*	●
AURALTONE (1295 Wade)					
	15 ml	0.17	0.04	*0.30*	†*a*
BELLODGIA (1071 Robins)					
bath oil		1.28	0.32	*2.30*	*a*
eau de Cologne	2 oz	1.12	0.28	*2.00*	
	4 oz	1.76	0.44	*3.20*	
	8 oz	2.92	0.73	*5.30*	
spray	2¼ oz	1.92	0.48	*3.50*	
eau de toilette	2 oz	1.48	0.37	*2.70*	
	4 oz	2.52	0.63	*4.60*	
	8 oz	3.84	0.96	*7.00*	
parfum de toilette	75 cc	2.32	0.58	*4.20*	
perfume	⅛ oz	1.56	0.39	*2.80*	
	¼ oz	2.20	0.55	*4.00*	
	½ oz	3.56	0.89	*6.50*	
	1 oz	5.24	1.31	*9.50*	
	2 oz	7.96	1.99	*14.50*	
BIOFORM (1639 S.B.A.L.)					●
protectives	(3)	..	..	*0.25*	
plus	(3)	..	..	*0.25*	
BLACK AND WHITE (975 PWL)					
bleaching cream	12 g	4.00dz	1.00dz	*0.58*	†*a*
	32 g	6.30dz	1.575dz	*0.92*	†
	4 g				*d*
ointment	12 g	2.82dz	0.705dz	*0.41*	†
pluko hair dressing					
amber	6 oz	2.40dz	0.60dz	*0.35*	
white	6 oz	4.38dz	1.095dz	*0.64*	
skin whitener	12 g	2.82dz	0.705dz	*0.41*	†
soap	3½ oz	2.28dz	0.57dz	*0.33*	
cold cream					*d*
vanishing cream					*d*
BROCILLIN (1393 BRL)					
tablets 125mg packs of 20 and 100					*d*
BRONCHOTONE (1295 Wade)					
	100 ml	0.19	0.05	*0.34*	†*a*
	dp 500 ml	0.76			†
	dp 2 l	2.74			†
BRONNLEY (194 Bronnley)					
after bath Cologne					
	0733	..	..	*0.18*	*a*
	0738	..	..	*0.60*	
baby lotion	0270	..	..	*0.28*	
powder	0277	..	..	*0.23*	
soap	0132	..	..	*0.21*	
bath crystals	0402	..	..	*1.20*	
	0438	..	..	*0.63*	
essence pine	0928	..	..	*0.70*	
bubble bath oil	0723	..	..	*0.18*	
	0725	..	..	*0.46*	
	0728	..	..	*0.65*	
country herb bubble bath					
	0148	..	..	*0.58*	
talcum powder	0147	..	..	*0.37*	
hand and body lotion					
	0703	..	..	*0.18*	
	0705	..	..	*0.40*	
	0708	..	..	*0.53*	
Happy Hands	6408	..	..	*0.34*	
bath day	6409	..	..	*0.34*	
lemon day	0040	..	..	*0.37*	
lemon bathday	0041	..	..	*0.37*	
pat-on-powder	0110	..	..	*0.63*	
Pot Pourri	0037	..	..	*1.30*	
soap					
bath ball	0108	..	..	*0.75*	
country herb bath					
	1143	..	..	*0.33*	
eggs (12)	0107	..	..	*0.32*	
fruit punnets	0633	..	..	*0.19*	
lemon toilet	6122	..	..	*0.19*	
soap on a rope					
	6136	..	..	*0.50*	
bath	0613	..	..	*0.33*	
jumbo on a rope					
	0619	..	..	*0.65*	
orange toilet	0603	..	..	*0.19*	
rainbow	0649	..	..	*0.16*	
pre-make up					
	0523/0521	..	..	*0.18*	
seashell guest	0435	..	..	*0.58*	
sponge	0109	..	..	*0.53*	
turtle oil					
toilet	0642	..	..	*0.16*	
bath	0643	..	..	*0.25*	
visitors	0641	..	..	*0.11*	

		Trade £.p	Tax £.p	Retail £.p	
talcum powder	0713	..	..	*0.18*	
	0715	..	..	*0.30*	
	0718	..	..	*0.42*	
BUFFERIN (171 BLL)					
tablets	36	0.16	0.04	0.28	*a*
	100	0.42	0.105	0.73½	
CALABAND (1127 Seton)					
(distributors 93 BJ)					
zinc paste, calamine					
and urethane bandage		2.40dz	..	*0.30*	*a*
CALIFORNIA (1190 SHP)					
syrup of figs	small	1.29dz	0.29dz	0.16	*a*
C. A. M. (1091 Rybar)					
	150 ml	0.20	0.05	*0.35*	†*a*
	1 l	1.20			†*i*
CANNON (224 Cannon)					
Babysafe					
soother		0.167	..	*0.25*	●
CELLOSENE (1073 Robinson)					
cellulose wadding	16 oz	0.195			*a*
CHLOROMYCETIN (938 PD)					
veterinary					
ophthalmic ointment					
	4 g	0.10	..	*0.15*	TS*a*
CHRISTY (261 Christy)					
lanoline tube	small	0.96dz	0.24dz	*0.14*	*a*
	large	1.30dz	0.325dz	*0.19*	
COLLAR'N CUFF (1127 Seton)					
(distributors 93 BJ)					
roll	4 m	0.52	..	*0.78*	*a*
COLOR-GLO (525 Golden)					
		1.84dz	0.46dz	*0.26*	*a*
COLOR MATCH (525 Golden)					
hair colourant		3.11dz	0.78dz	*0.44*	*a*
CONGREVES (1534 Fennings)					
balsamic elixir	small	2.03dz	0.51dz	0.27	*a*
	medium	3.88dz	0.97dz	0.52	
	large	6.32dz	1.58dz	0.85	
CONTROVLAR (1479 SCL)					
tablets	21	0.30	..	*0.45*	†s4B*a*
	500	6.24	..	*9.36*	†s4B
COPHOLCO (1295 Wade)					
	100 ml	0.19	0.05	*0.34*	†DDI*a*
	dp 500 ml	0.76			†DDI
	dp 2 l	2.74			†DDI
CROWN (1073 Robinson)					
wool felt					
4⅜ in x 2¼ in x 3/16 in		1.03dz			*a*
4 in x 3 in x 5/16 in		1.03dz			
rings	6	0.73dz			
CUXSON GERRARD (339 CG)					
lint absorbent B.P.C.					
	1 oz	0.94dz	..	*0.11½i*	
	2 oz	1.80dz	..	*0.22*	*c*
	4 oz	3.07dz	..	*0.36*	
	8 oz	6.00dz	..	*0.66*	
DALZOFOAM (1127 Seton)					
existing entry				*d*	
DALZOFOAM (1127 Seton)					*i*
(distributors 93 BJ)					
adhesive backed					
22.5cm x 45cm	thin	1.10	..	*1.65*	
	medium	1.44	..	*2.16*	
	thick	1.78	..	*2.67*	
roll plain					
90cm x 45cm	thin	0.76	..	*1.14*	
	medium	1.10	..	*1.65*	
	thick	1.44	..	*2.16*	
4.5cm x 90cm	thin	5.26	..	*7.89*	
	medium	7.64	..	*11.46*	
	thick	10.00	..	*15.00*	
DEPOSTAT (1479 SCL)					
syringe pack	2m x 5	5.56	..	*8.34*	†s4B*a*
	20	21.02	..	*31.53*	†s4B
DIAMOND (333 Cupal)					
foot powder		1.62dz	..	*0.18½*	●
DOP (525 Golden)					
shampoo	5 dose	1.47dz	0.37dz	*0.19*	*a*
	10 dose	2.46dz	0.62dz	*0.35*	
EAREX (188 BSH)					
industrial ear defenders		2.50	..	*3.00*	*c*
ELNETT (525 Golden)					
Satin aerosol	75 g	2.54dz	0.64dz	*0.36*	*a*
	130 g	3.76dz	0.92dz	*0.52*	
	245 g	5.36dz	1.34dz	*0.76*	
	360 g	6.98dz	1.74dz	*0.99*	
	500 g	9.12dz	2.28dz	*1.29*	
special	160 g	4.40dz	1.10dz	*0.62*	
ELSET (1127 Seton)					*i*
(distributors 93 BJ)					
cotton/elastic bandage					
7.5cm x 6m		2.04dz	..	*0.25*	
EUCERIN (1154 SNP)					
anhydrous	dp 2kg	1.43			*i*
	dp 4kg				*d*
FENNINGS (1534 Fennings)					
cooling powders adult					
	12	0.95dz	0.24dz	0.13	*a*
	36	2.10dz	0.52dz	0.30	
children's	20	1.45dz	0.36dz	0.20	
little healers	12	0.45dz	0.11dz	0.06½	
	36	1.05dz	0.26dz	0.15	
	90	2.10dz	0.52dz	0.30	
mixture					
lemon flavour for influenza					
		1.45dz	0.36dz	0.20	
original		1.45dz	0.36dz	0.20	
rheumatic tablets	45	1.45dz	0.36dz	0.20	
FLEURS DE ROCAILLE (1071 Robins)					
bath oil		1.28	0.32	*2.30*	*a*

		Trade £.p	Tax £.p	
eau de Cologne	2 oz	1.12	0.28	
	4 oz	1.76	0.44	
	8 oz	2.92	0.73	
spray	2¼ oz	1.92	0.48	
eau de toilette	2 oz	1.48	0.37	
	4 oz	2.52	0.63	
	8 oz	3.84	0.96	
parfum de toilette spray				
	75 cc	2.32	0.58	
perfume	¼ oz	2.20	0.55	
	½ oz	3.56	0.89	
	1 oz	5.24	1.31	
	2 oz	7.96	1.99	
spray	7 cc	2.92	0.73	
refill	7 cc	1.76	0.44	
puffa talc		0.72	0.18	
soap		0.60	0.15	
FOLEX (1091 Rybar)				
tablets	100	0.64	..	
packs of 50 and 500				
FOLEX-350 (1091 Rybar)				
tablets	100	0.60	..	
	1000	5.40		
packs of 50 and 500				
GALLOWAYS (430 Eucryl)				
bronchial expectorant		1.725dz	0.43dz	
cough linctus junior		0.99dz	0.25dz	
GONDAFON (1479 SCL)				
tablets	20	0.30	..	
	100	1.34	..	
HAIR'S DR. (560 Halewood)				
asthma remedy	4 oz	0.15	0.0375	
	8 oz	0.28	0.07	
ICTHABAND (1127 Seton)				
(distributors 93 BJ)				
zinc paste and ichthammol bandage		2.40dz	..	
INFINI (1071 Robins)				
eau de Cologne	4 oz	2.48	0.62	
parfum de toilette	2 oz	1.64	0.41	
	4 oz	2.76	0.69	
	8 oz	4.12	1.03	
spray	2½ oz	2.48	0.62	
perfume	¼ oz	2.36	0.59	
	½ oz	3.92	0.98	
	1 oz	5.96	1.49	
	2 oz	9.92	2.48	
spray	¼ oz	3.04	0.76	
refill	¼ oz	1.92	0.48	
spray	1 oz	6.16	1.54	
refill	1 oz	4.12	1.03	
soap		0.68	..	
JIF (1449 R&CFD)				
lemons		0.755dz	..	
KANFOTREX (171 BLL)				
ointment	5 g	0.32	..	
	15 g	0.80	..	
KANTREX (171 BLL)				
capsules	30	3.34	..	
	100	10. 34	..	
injection				
paediatric	75mg/2ml	0.78	..	
KANTREXIL (171 BLL)				
suspension	150 ml	1.80	..	
	500 ml	5.40	..	
tablets packs of 12 and 120				
KLOREF (311 C)				
tablets	250	1.38	..	
LA INDIA (975 PDS)				
LA INDIA (975 PWL)				
deodorant stick				
LEMPAK (261 Christy)				
cleansing lotion		1.64dz	0.41dz	
skin freshener		1.64dz	0.41dz	
LESTREFLEX (1127 Seton)				
existing entry				
LESTREFLEX (1127 Seton)				
(distributors 93 BJ)				
elastic diachylon bandage				
fully spread or ventilated				
7.5cm x 4.5m		3.48dz	..	
10cm x 4.5m		4.44dz	..	
L'OREAL (525 Golden)				
bleach		2.04dz	0.52dz	
MYOLGIN (311 C)				
tablets	20	0.15	0.04	
NAILOID (31 AP)				
(distributors 1377 R&A)				
nail manicure cream				
	small	1.02dz	0.24dz	
	large	1.95dz	0.46dz	
NAIR (235 CW)				
cream sachet	12 g	1.01dz	0.24dz	
tube	30 g	2.02dz	0.48dz	
lotion sachet	25 g	1.01dz	0.24dz	
tube	115 g	3.19dz	0.76dz	
NEURODYNE (1295 Wade)				
capsules	25	0.20	0.05	
	dp 100	0.75		
	dp 250	1.71		
	dp 500			
NEZ (1091 Rybar)				
tablets	12	0.14	0.035	
drops & spray				
NO-DEL (1091 Rybar)				
	28 g	0.14	0.035	
NUIT DE NOEL (1071 Robins)				
perfume	1 oz			
OUTDOOR GIRL (876 MP)				
Tawny				

		Trade £.p	Tax £.p	Retail £.p	
e brow pencil					
5G15		0.96dz	0.24dz	*0.14*	
liner liquid	5G13	1.57dz	0.395dz	*0.23*	
adow liquid					
5G12		1.90dz	0.475dz	*0.28*	
ck	5G11	0.96dz	0.24dz	*0.14*	
grance					
miniperfume					
5G17		1.57dz	0.395dz	*0.23*	
spray mist	5G16	3.73dz	0.935dz	*0.55*	
w on	5G04	0.96dz	0.24dz	*0.14*	
stick plain trial					
5G07		0.96dz	0.24dz	*0.14*	
swivel					
5G08		1.57dz	0.395dz	*0.23*	
pearl trial					
5G05		0.96dz	0.24dz	*0.14*	
swivel					
5G06		1.57dz	0.395dz	*0.23*	
il lacquer plain					
5G09		1.57dz	0.395dz	*0.23*	
frosted					
5G10		1.57dz	0.395dz	*0.23*	
scara brush	5G14	1.57dz	0.395dz	*0.23*	
ge powder	5G03	0.96dz	0.24dz	*0.14*	
k Finish	5G02	1.22dz	0.305dz	*0.18*	
Touch	5G01	1.22dz	0.305dz	*0.18*	
RB (1599 Winthrop)					
s	12	1.12dz	.. ..	0.14	*a*
	24	2.00dz	.. ..	0.25	●
(945 Payot)					
t Lumiere					
am eye shadow		.. ..	.. ..	*1.50*	●
contour pencils		.. ..	.. ..	*0.65*	
IN (809 M&W)					
g	100	0.50	0.125	*0.88*	*a*
	500	2.10	.. ..	*3.15*	
	1000	3.50	.. ..	*5.25*	
g	100	0.60	0.15	*1.05*	
	500	2.80	.. ..	*4.20*	
	1000	4.50	.. ..	*6.75*	
ALITY (1377 R&A)					
h		1.59dz	0.38dz	*0.21*	*a*
et		0.99dz	0.24dz	*0.13*	
(977 PE)					
urler set	HP4404	6.31	1.54	*9.95*	*a*
ryers					
mfort special					
	HP4619	6.025	1.47	*9.50*	
nd	HP4109	3.14	0.765	*4.95*	
d	HP4618	5.04	1.23	*7.95*	
lamps					
bined	HP3108	8.87	2.165	*13.99*	
e luxe	HP3105	11.41	2.785	*17.99*	
raphil	KL2866	6.97	1.70	*10.99*	
red bulbs					
	13379/3	1.315	0.32		
up mirror					
	HP5301	6.31	1.54	*9.95*	*a*
rs existing entry					*d*
rs					*i*
uty set	HP2119	8.56	2.09	*13.50*	
dyshave					
beauty	HP2107/B	2.855	0.695	*4.50*	
de luxe	HP2113	3.49	0.85	*5.50*	
cordless	HP2201	2.53	0.62	*3.99*	
ilishave					
3 de luxe	HP1122	7.96	1.94	*12.55*	
car battery					
	HP1216	5.165	1.26	*8.15*	
compact	HP1214/S	4.615	1.125	*7.28*	
cordless	HP1203/S	3.66	0.895	*5.78*	
popular	HP1102/S	4.765	1.165	*7.52*	
rechargeable					
	HP1309	12.27	2.995	*19.36*	
special	HP1129	7.35	1.795	*11.60*	
standard	HP1123	5.515	1.345	*8.70*	
R.7	HP1401	8.402	2.048	*13.25*	
brush	HP5201	2.60	0.525	*3.99*	*a*
hargeable	HP5202	6.415	1.40	*9.95*	
CIL (1295 Wade)					
	25 g	0.14	0.03	*0.24*	*a*
er	25 g	0.20	0.05	*0.35*	
'S (975 PDS)					*d*
'S (975 PWL)					*i*
ack rinse	2 oz				*d*
N HOMME (1071 Robins)					
shave	2 oz	1.00	0.25	*1.80*	*a*
	4 oz	1.52	0.38	*2.80*	
	5¾ oz	1.76	0.44	*3.20*	
miser	4 oz	1.76	0.44	*3.20*	*i*
e	2 oz	1.04	0.26	*1.90*	*a*
	4 oz	1.64	0.41	*3.00*	
	5¾ oz	1.92	0.48	*3.50*	
	8 oz	2.68	0.67	*4.90*	
	13½ oz	3.32	0.83	*6.00*	
	24 oz	5.24	1.31	*9.50*	
miser	4 oz	2.00	0.25	*3.60*	
orant		1.20	0.30	*2.20*	
		0.60	0.15	*1.10*	
	4 oz	0.56	0.14	*1.00*	
BOLAN (1479 SCL)					
ts 5 mg	150	3.08	.. ..	*4.62*	†s4B
BOLAN DEPOT (1479 SCL)					
ules 100 mg	3	2.10	.. ..	*3.15*	†s4B*a*
DIAN (1479 SCL)					
ts	30	0.30	.. ..	*0.45*	†s4B*a*
DIAN DEPOT (1479 SCL)					
ules 1 ml	3	1.58	.. ..	*2.37*	†s4B*a*

		Trade £.p	Tax £.p	Retail £.p	
PRIMODOS (1479 SCL)					
tablets	2	0.36	.. ..	*0.54*	†s4B*a*
	20	2.98	.. ..	*4.47*	†s4B
PRIMOGYN C (1479 SCL)					
tablets	30	0.20	.. ..	*0.30*	†s4B*a*
PRIMOGYN DEPOT (1479 SCL)					
ampoules 10mg/ml	3	1.52	.. ..	*2.28*	†s4B*a*
100mg/ml	3	3.66	.. ..	*5.49*	†s4B
PRIMOLUT DEPOT (1479 SCL)					
ampoules 250 mg	1	0.88	.. ..	*1.32*	†s4B*a*
	3	2.36	.. ..	*3.54*	†s4B
	20	12.52	.. ..	*18.78*	†s4B
	syringe	0.92	.. ..	*1.38*	†s4B
500 mg	1	1.44	.. ..	*2.16*	†s4B
	3	3.74	.. ..	*5.61*	†s4B
	20	20.02	.. ..	*30.03*	†s4B
	syringe	1.48	.. ..	*2.22*	†s4B
PRIMOSISTON (1479 SCL)					
ampoules 1 ml	3	1.70	.. ..	*2.55*	†s4B*a*
PRIMOTESTON DEPOT (1479 SCL)					
ampoules 50 mg/ml	3	1.20	.. ..	*1.80*	†s4B*a*
100mg	3	2.16	.. ..	*3.24*	†s4B
250mg	3	4.98	.. ..	*7.47*	†s4B
PRO-VIRON (1479 SCL)					
tablets 25mg	50	2.54	.. ..	*3.81*	†s4B*a*
QUESTRAN (171 BLL)					
powder	carton	4.40	.. ..	6.60	*a*
QUINABAND (1127 Seton)					
(distributors 93 BJ)					
zinc paste and iodochlorohydroxyquinoline bandage		2.40dz	.. ..	*0.30*	*a*
R.B.C. (1091 Rybar)					
	25 g	0.12	0.03	0.21	†*a*
	500 g				*d*
REBAN (525 Golden)					
setting lotion		0.92dz	0.28dz	*0.13*	*a*
shampoo	sachet	1.30 (2 dz)	0.33 (2 dz)	*0.09*	
RECITAL (525 Golden)					
hair colourant		3.52dz	0.88dz	*0.50*	*a*
RUTHMOL (1345 Woodward)					
	50 g	0.12	.. ..	0.18	*a*
	200 g	0.33	.. ..	0.50	
	400 g	0.56	.. ..	0.84	
RYBAFERRIN (1091 Rybar)					*i*
tablets	75	0.16	0.04	0.28	†
RYBAR (1091 Rybar) existing entry					*d*
RYBAR (1091 Rybar)					*i*
cold sore lotion	2.8 ml	0.10	0.025	0.17½	
diabetic linctus	150 ml	0.28	0.07	0.49	†DDI
eye drops	15 ml	0.14	0.035	0.24½	
inhaler		0.84	.. ..	*1.26*	
midget		0.80	.. ..	*1.20*	
mask		0.28	.. ..	*0.42*	
insect bite cream	13 g	0.10	.. ..	*0.15*	
tar remover	54 ml	0.10	.. ..	*0.15*	
RYBAREX (1091 Rybar)					
inhalant	15 ml	0.27	.. ..	0.40	†*a*
	28 ml	0.48	.. ..	0.72	†
	100 ml				*d*
RYBARVIN (1091 Rybar)					
inhalant	15 ml	0.27	.. ..	0.40	†*a*
	28 ml	0.48	.. ..	0.72	†
	100 ml	1.50	.. ..	2.25	†*r*
SCAN (31 AP)					
(distributors 1377 R&A)					
eye drops		1.45dz	0.34dz	*0.20*	*a*
eye lotion		1.45dz	0.34dz	*0.20*	
SCHERICUR (1479 SCL)					
ointment	20 g	0.32	.. ..	*0.48*	†TS*a*
SCHERIPROCT (1479 SCL)					
ointment	10 g	0.28	.. ..	*0.42*	†TS*a*
	dp 50 x 10 g	12.36	.. ..	*18.54*	†TS
suppositories	6	0.24	.. ..	*0.36*	†TS
	120	3.72	.. ..	*5.58*	†TS
SETON (1127 Seton)					
existing entry					*d*
SETON (1127 Seton)					*i*
(distributors 93 BJ)					
blue line elastic webbing					
7.5cm x 3m	444	0.33	.. ..	*0.50*	
7.5cm x 5m	445	0.55	.. ..	*0.83*	
7.5cm x 10m	446	1.10	.. ..	*1.65*	
7.5cm x 25m	447	2.75	.. ..	*4.12*	
body plasters	10	0.13	.. ..	*0.20*	
Coloset colostomy bags					
12.5cm x 12.5cm	100	4.20			
30.0cm x 10.0cm	100	4.20			
30.0cm x 12.5cm	100	4.60			
20.0cm x 14.0cm	100	4.20			
Supersac					
20cm x 14cm	100	8.30			
dumb-bell sutures	100	0.38	.. ..	*0.57*	
fleecy pads					
75cm x 60cm		3.60	.. ..	*5.40*	
75cm x 100cm		6.00	.. ..	*9.00*	
75cm x 135cm		8.00	.. ..	*12.00*	
leg drainage bag		2.50 (10/12 dz)			
male incontinence sheath	1	1.50 (10/12 dz)			
paediatric urine collectors					
small	100	3.00			
large	100	6.00			
para-pads	pr	1.00	.. ..	*1.50*	

		Trade £.p	Tax £.p	Retail £.p	
urine drainage bags					
individually sealed					
standard bag (2000 ml)					
	100	7.35			
short tube (2000 ml)					
	100	7.35			
non-return valve (2000 ml)					
	100	8.40			
drainage outlet (2000 ml)					
	100	16.00			
bulk packed					
standard bag (2000 ml)					
	250	13.00			
short tube (2000 ml)					
	250	13.00			
non-return valve (2000 ml)					
	250	15.75			
drainage outlet (2000 ml)					
	250	32.00			
universal urine bag holder		0.40	.. ..	*0.60*	
skin traction kit					
adult size		0.95			
child size		0.90			
dermatological gloves					
small, med. or large					
	(24)	2.00	.. ..	*3.00*	
SETONPLAST (1127 Seton)					
existing entry					*d*
SETONPLAST (1127 Seton)					*i*
(distributors 93 BJ)					
waterproof strapping					
2.5cm x 5m		1.56dz	.. ..	*0.20*	
5.0cm x 5m		2.40dz	.. ..	*0.30*	
7.5cm x 5m		3.36dz	.. ..	*0.42*	
super					
1.25cm x 5m		1.08dz	.. ..	*0.14*	
2.5cm x 5m		1.56dz	.. ..	*0.20*	
3.75cm x 5m		2.04dz	.. ..	*0.26*	
5.0cm x 5m		2.52dz	.. ..	*0.32*	
7.5cm x 5m		3.48dz	.. ..	*0.44*	
10.0cm x 5m		4.44dz	.. ..	*0.56*	
SETONIQUETS (1127 Seton)					
(distributors 93 BJ)					
tourniquets	small	0.28	.. ..	*0.42*	*a*
	medium	0.30	.. ..	*0.45*	
	large	0.32	.. ..	*0.48*	
SH 420 (1479 SCL)					
tablets 10mg	100	7.48	.. ..	*11.22*	†s4B*a*
	500	35.18	.. ..	*52.77*	†s4B
SHIELD (412 Elida-Gibbs)					
anti-perspirant	small	2.535dz	0.635dz	*0.34*	*a*
	large	3.32dz	0.83dz	*0.43*	
	economy	3.995dz	1.00dz	*0.52*	
SOL-TERCIN (311 C)					
tablets	100	0.38	.. ..	0.58	†s1s4A*a*
SPARKLING PLENAMINS (848 Minnesota)					●
	sachet 5 g	0.78 (50)	0.14 (50)	0.02½	
	tin 100 g	3.13dz	0.56dz	0.42	
SUNSILK (412 Elida-Gibbs)					
hairspray	standard	2.02dz	0.505dz	*0.27*	*a*
	large	2.825dz	0.705dz	*0.38*	
	economy	4.415dz	1.105dz	*0.59*	
shampoos					
normal, greasy, dry, dull and herb					*c*
SURE (412 Elida-Gibbs)					
anti-perspirant aerosol					
	small	2.535dz	0.635dz	*0.34*	*a*
	large	3.32dz	0.83dz	*0.43*	
	economy	3.995dz	1.00dz	*0.52*	
SYNTEX (1584 Syntex)					
hand and body lotion		0.33	0.083	*0.60*	●
TABAC BLOND (1071 Robins)					
perfume	1 oz				*d*
TARBAND (1127 Seton)					
(distributors 93 BJ)					
zinc paste and coal tar bandage		2.40dz	.. ..	*0.30*	*a*
T. C. P. (1552 UL)					
antiseptic	2 oz	1.061dz	0.2653dz	0.14	*a*
	4 oz	1.5158dz	0.3789dz	0.20	
	8 oz	2.1979dz	0.5495dz	0.29	
ointment	½ oz	1.061dz	0.2653dz	0.14	
	1 oz	1.5916dz	0.3979dz	0.21	
TERCIN (311 C)					
tablets	200	0.40	.. ..	0.60	†s1s4A*a*
TETREX (171 BLL)					
syrup	100 ml	0.60	.. ..	0.90	TS*a*
	500 ml	2.61	.. ..	3.91½TS	
TETREX BID CAPS (171 BLL)					
capsules	10	1.02	.. ..	1.53	TS*a*
	50	4.83	.. ..	7.24½TS	
TETREX-PMT (171 BLL)					
injection vial					
I.M.	350 mg	0.60	.. ..	0.90	TS*a*
I.V.	350 mg	0.60	.. ..	0.90	TS
TINTETTE (525 Golden)					
		3.54dz	0.88dz	*0.50*	*a*
TUBEGAUZ (1127 Seton)					
(distributors 93 BJ)					
No. 00		0.22	.. ..	*0.33*	*i*
No. 01		0.25	.. ..	*0.37*	*a*
No. 12		0.27	.. ..	*0.40*	
No. 34		0.48	.. ..	*0.72*	
No. 56		0.57	.. ..	*0.85*	
No. 78		0.72	.. ..	*1.08*	
T1		0.89	.. ..	*1.33*	
T2		1.08	.. ..	*1.62*	
applicators					

		Trade £.p	Tax £.p	Retail £.p
No. 00		0.12	.. ..	*0.18*
No. 0		0.12	.. ..	*0.18*
No. 1		0.40	.. ..	*0.60*
No. 2		0.42	.. ..	*0.63*
No. 3		0.48	.. ..	*0.72*
No. 4		0.54	.. ..	*0.81*
No. 5		0.60	.. ..	*0.90*
No. 6		0.68	.. ..	*1.02*
No. 7		0.78	.. ..	*1.17*
No. 8		0.85	.. ..	*1.27*
TUBIFOAM (1127 Seton)				
(distributors 93 BJ)				
dressing (12)	550	0.80	.. ..	*1.20 a*
	551	0.80	.. ..	*1.20*
	552	0.80	.. ..	*1.20*
	554	1.00	.. ..	*1.50*
	555	1.00	.. ..	*1.50*
	556	1.30	.. ..	*1.95*
single tube	574	1.06	.. ..	*0.13*
	575	1.06	.. ..	*0.13*
	576	1.26	.. ..	*0.16*
	577	1.26	.. ..	*0.16*
	578	1.50	.. ..	*0.18*
TUBIGRIP (1127 Seton)				
(distributors 93 BJ)				
radial pressure bandage				
10m rolls	G3	1.60	.. ..	*2.40 a*
	G4	2.40	.. .	*3.60*
	G4RT	2.72	.. ..	*4.08*
	G4X	2.72	.. ..	*4.08*
	G5	3.04	.. ..	*4.56*
	G6	3.46	.. ..	*5.19*
	G7	3.90	.. ..	*5.85*
	G9	4.70	.. ..	*7.05*
	G10	6.60	.. ..	*9.90*
flesh colour				
10m rolls	G4	2.52	.. ..	*3.78*
	G4RT	2.90	.. ..	*4.35*
	G4X	2.90	.. ..	*4.35*
	G5	3.22	.. ..	*4.83*
tubular supporting bandage				
6.25cm x 0.5m	G4	0.17	.. ..	*0.26*
7.5cm x 0.5m	G4X	0.19	.. ..	*0.29*
10.0cm x 0.5m	G5	0.21	.. ..	*0.32*
3.75cm x 1m	G3	0.27	.. ..	*0.40*
6.25cm x 1m	G4	0.31	.. ..	*0.46*
7.0cm x 1m	G4RT	0.35	.. ..	*0.52*
7.5cm x 1m	G4X	0.35	.. ..	*0.52*
10.0cm x 1m	G5	0.39	.. ..	*0.58*
11.25cm x 1m	G6	0.42	.. ..	*0.63*
16.5cm x 1m	G7	0.50	.. ..	*0.75*
22.0cm x 1m	G9	0.60	.. ..	*0.90*
33.0cm x 1m	G10	0.80	.. ..	*1.20*
support bandages, lumber/abdominal				
	code 7	0.88	.. ..	*1.32*
	code 8	0.94	.. ..	*1.40*
	code 8OS	1.14	.. ..	*1.70*
	code 9	1.24	.. ..	*1.86*
	code 10	1.48	.. ..	*2.22*
	code 11	1.62	.. ..	*2.43*
	code 11OS	1.88	.. ..	*2.82*
	code 12	1.30	.. ..	*1.95*
	code 13	1.54	.. ..	*2.30*
	code 14	1.68	.. ..	*2.52*

		Trade £.p	Tax £.p	Retail £.p
TUBINETTE (1127 Seton)				
(distributors 93 BJ)				
tubular bandage	H01	0.18	.. ..	*0.27 a*
	H12	0.26	.. ..	*0.39*
	H4	0.32	.. ..	*0.48*
	H56	0.42	.. ..	*0.63*
	H78	0.48	.. ..	*0.72*
	HT1	0.84	.. ..	*1.26*
	HT2	0.90	.. ..	*1.35*
TUBIPADS (1127 Seton)				
(distributors 93 BJ)				
for heels and elbows				
small	P4	0.30	.. ..	*0.45 a*
	P4X	0.33	.. ..	*0.49*
	P5	0.36	.. ..	*0.54*
sacral bandage				
small	P9	1.52	.. ..	*2.28*
medium	P9	1.52	.. ..	*2.28*
large	P9	1.52	.. ..	*2.28*
TUBITON (1127 Seton)				
(distributors 93 BJ)				
tubular bandages				
	00	0.24	.. ..	*0.36 a*
	01	0.26	.. ..	*0.39*
	12	0.28	.. ..	*0.42*
	34	0.52	.. ..	*0.78*
	56	0.64	.. ..	*0.96*
	78	0.84	.. ..	*1.26*
	T1	1.00	.. ..	*1.50*
	T2	1.20	.. ..	*1.80*
applicators	F/A	0.25	.. ..	*0.37*
	2X	0.48	.. ..	*0.72*
	3	0.54	.. ..	*0.81*
	3X	0.60	.. ..	*0.90*
	4	0.68	.. ..	*1.02*
	5	0.78	.. ..	*1.17*
	6	0.85	.. ..	*1.27*
bandage clips (50)		0.72	.. ..	*1.08*
TWICE AS LASTING (525 Golden)				
hair set	1 dose	0.70dz	0.18dz	*0.10 a*
	3 dose	1.76dz	0.44dz	*0.25*
	6 dose	2.62dz	0.66dz	*0.37*
with colour	1 dose	0.70dz	0.18dz	*0.10*
	3 dose	1.76dz	0.44dz	*0.25*
ULTRADIL (1479 SCL)				
cream plain	50 g	0.68	.. ..	1.02 TS*a*
ointment plain	50 g	0.68	.. ..	1.02 TS
ULTRALANUM (1479 SCL)				
cream	10 g	0.34	.. ..	*0.51* TS*a*
	30 g	0.82	.. ..	*1.23* TS
	50 g	1.26	.. ..	*1.89* TS
lotion	20 ml	0.54	.. ..	*0.81* TS
ointment	10 g	0.36	.. ..	*0.54* TS
	30 g	0.86	.. ..	*1.29* TS
	50 g	1.30	.. ..	*1.95* TS
	300 g	7.28	.. ..	*10.92* TS
plain	10 g	0.34	.. ..	*0.51* TS
	30 g	0.82	.. ..	*1.23* TS
	50 g	1.26	.. ..	*1.89* TS
	300 g	6.94	.. ..	*10.41* TS

		Trade £.p	Tax £.p	R
ULTRAPROCT (1479 SCL)				
ointment	10 g	0.32	.. ..	*0.*
	30 g	0.80	.. ..	*1.*
suppositories	12	0.46	.. ..	*0.*
	24	0.80	.. ..	*1.*
combipack		0.66	.. ..	*0.*
URABAND (1127 Seton)				
(distributors 93 BJ)				
zinc paste, ichthammol and urethane bandage		2.40dz	.. ..	*0.*
UROPOL (171 BLL)				
capsules	50	2.62	0.655	4.
	250	12.65	3.165	22.
VARICO (1127 Seton)				
(distributors 93 BJ)				
leg bandage 7.5cm x 2.25m		0.49	.. ..	*0.*
3in x 3yd				
VIACUTAN (1305 WB)				
tulle 10 x 10xm	10	0.32	0.08	0.
10 x 10cm	30	0.72	0.18	
existing entry for tulle				
WADE'S (1295 Wade)				
salve	15 g	0.12	0.03	*0.*
	45 g	0.25	0.06	*0.*
WELLA (1318 Wella)				
hairspray	90 g	2.16dz	0.54dz	*0.*
	180 g	3.36dz	0.84dz	*0.*
	272 g	4.56dz	1.14dz	*0.*
	524 g	6.96dz	1.74dz	*1.*
75g, 150g, 250g, 320g & 450g				
shampoos				
lemon, herbal, medic, satin foundation				
bottle	55 cc	1.34dz	0.34dz	*0.*
	120 cc	2.24dz	0.56dz	*0.*
ZINCABAND (1127 Seton)				
(distributors 93 BJ)				
zinc paste bandage		2.40dz	.. ..	*0.*
ZOFLORA (1232 T&R)				
aerosol air freshener		1.54 (1/12 dz)	.. ..	*0.*
disinfectant	2 oz	1.02 (1/12 dz)	.. ..	*0.*
	4 oz	0.175	.. ..	*0.*
	200 ml	0.30	.. ..	*0.*
	500 ml	0.64	.. ..	*0.*
	1 l	1.16	.. ..	*1.*
	2 l	2.10	.. ..	*2.*
	8 oz			

AMENDMENTS TO KEY TO SUPPLIERS

560	Halewood	=	Halewood Chemicals Ltd, Horton Road, Stanwell Moo Staines, Middlesex. Colnbro
964	Personna	=	Personna International UK L Wellington House, Upper St. Martin's Lane, London W.C.
1639	S.B.A.L.	=	Select Biological Appliances Biological House, Duffield Duffield, Derbyshire.

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Linstead: LPC's decide on new examination of evidence

he Linstead working party must be re-onstituted and augmented with chemist ontractors from the Pharmaceutical ociety's regions, representatives of local harmaceutical committees decided on unday.

The new working party will then call for esh evidence, reconsider the opinions ready put forward, and make recom-endations "reflective of the evidence corded and in line with the views of the neral body of contractors".

But despite bitter criticism, the LPC's nference refused to reject the working rty's report outright. It heard Sir Hugh t forward a strong case for not regarding the document as "wasted effort". If it had demonstrated that the traditional basis of the contract was the one most likely to get the best results for general practice, that in itself would be a positive advance.

But if the conference—which Sir Hugh looked upon as an extension of the work—could come up with the sought-after contract "breakthrough", no-one would be happier than the working party.

No such breakthrough was forthcoming, however, and the conference preferred that eyes more representative of dissatisfied contractors should take another look at the evidence.

Conference report p. 563.

ablet colour does not dentify manufacturer—igh Court ruling

little white or yellow pill cannot be stinctive of a source of manufacture, id Mr Justice Whitford in the High Court st week. He dismissed an attempt by oche Products Ltd and F. Hoffman La oche & Co AG, to stop Berk Pharmauticals Ltd, from using the same colours r their tablets of the same drug.

The Roche drug, diazepam, is sold under e trade name Valium, the Berk drug, ade under a compulsory licence from oche, is sold as Atensine.

The judge said that both producers' blets had the respective names on them d the dosage. Roche complained that eir colours had been copied. Berk agreed at they had been copied because colour ding of the same drugs assisted the tients.

Roche said Berk had used the same lours to try to pass off their products as ose of Roche and sought a temporary n on the Berk tablets in those colours til trial of an action between the producers.

The judge said white or yellow pills was t a "highly distinctive appearance" or "a adily recognisable feature of get up". hey appeared to be "ordinary commonace pills with no particular recognisable stinctive features" and the Roche motion as dismissed.

pen code for hot vater bottles

he Consumers Association is worried out the age of some hot water bottles on le. All are marked with date of manufacre but in a code. The October issue *Which?* wants to see the coding made sy to read.

Which? says in a report on hot water ttles that some samples purchased were made as long ago as 1968—"very bad because the material deteriorates with age, so you may buy a bottle which is more likely to burst than it should be".

Following tests on 28 bottles *Which?* chooses the three joint "best-buys"—Mandelle velour covered, NPU de luxe and Winfield luxury wrap.

A pharmacy centenary celebration

The centenary of a pharmacy is worthy of a celebration, even more so when the pharmacy is a "private" one and has been in the same family all the time. When the pharmacy is owned by a pharmacist who likes an excuse to entertain his friends then a celebration is assured. Mr W. J. Adcock, MBE, pharmacist, Alcester, has that reputation—and a pharmacy—and on October 5 at Arrow Mill, Alcester, Mr Adcock invited guests representing the profession, business and public sections of the community "with whom and among whom we have watched for so long a period."

The business was founded by Isaac Dickson Adcock in 1872 and he controlled it until his death in 1889. His son, H. Dickson Adcock then took over until 1930 and from then onwards until his death in 1950 gradually relinquished control to his nephew who now runs the business. Over the years the business has expanded fulfilling the claim—until it was considered "unethical"—"chemists to the countryside".

Unique in modern retail business is, adjacent to the dispensary, a small museum of pharmaceutical antiques that has been featured on television.

Each guest at the celebration received a small booklet "Adcock Chemist—Alcester 1872-1872" written by Mr Adcock "in the hope that it may interest younger generations of pharmacists, and so make them more aware of the ancient foundations of our profession."

Business stationery—EEC requirement

A regulation which will become law as soon as the EEC Act has received Royal Assent, likely to be within two or three weeks, is that, with effect from January 1, 1973, UK companies should show on business letters and on order forms the country of registration of the company, its registered number and its registered office.

Scottish conference full

All places for the conference of Scottish Pharmacists to be held at Aviemore on October 21 and 22 have been filled.

Her Majesty's Lord Lieutenant of Greater London, Field-Marshal Sir Gerald Templar, presenting the Queen's Award to Industry to Dr S. Gottfried, managing director of Biorex Laboratories Ltd and his co-director, Miss L. Baxendale

Labour more determined on nationalisation

The Labour Party's aim to nationalise or introduce State intervention in the pharmaceutical industry was spelled out more sharply at this year's party conference than at any time in recent years.

Mrs Barbara Castle, Opposition social services spokesman, said the party was working out its plans for the industry. The fact that the NHS was paying more for pharmaceutical services than for medical services was an argument for more State interest in the industry—through controls, international testing and a "State-owned sector" in the drug industry.

Dr John Dunwoody, of the Socialist Medical Association, said the industry was one upon whose products and standards everyone depended, yet its record was not entirely "unblemished" — thalidomide, intravenous fluids contamination at Evans Medical and the Lanoxin changes were quoted as examples of where the industry had gone wrong. The profit motive, said Dr Dunwoody, could not be allowed to continue as the industry's driving force.

Mrs Castle said the SMA views were in accordance with her own and the Party's programme. She promised that prescription charges would be the first of the Health Service charges to be phased out under a Labour Government.

The case against

"Pharmaceuticals would be an awkward mouthful to nationalise", says Aims of Industry in answer to the Labour Party's draft policy statement.

In a pamphlet titled "Threat to the pharmaceutical industry", Aims of Industry stresses the need for the industry's success record in discovery to continue.

It points out that the £22m spent annually by the British industry on research comes, like the £300m spent worldwide, from the pockets of free enterprise companies—"Unlike so many other industries, pharmaceuticals does not come to the government for support or subsidy".

Taking the example of steel, Aims of Industry doubts whether self-sufficiency would continue under "public ownership".

The pamphlet points out that over half the British industry consists of subsidiaries of overseas companies; it suggests that these operations would be moved away in the event of nationalisation, effectively reversing Britian's current 4.6:1 balance of exports to imports.

It is estimated that Labour's talk of "an element of public ownership in the industry" would probably mean nationalisation of all or some of the British-owned companies. But Aims of Industry believes few foreign companies would continue to build up their operations in Britain if they had to compete against a state-owned corporation with "bottomless funds", given preferences in government's buying.

Nine first prizes of £150 Swiss holiday vouchers were awarded by Mennen UK Ltd to winners of their recent Protein 21 display competition, in which chemists were invited to mount window or instore displays using their own or Mennen material. More than 3,000 major displays resulted. One of the winners, Miss Margaret Martin, proprietor of Garner & Pope, London NW3, is pictured being presented with her prize by Mennen's sales manager, Guy Woodford

Premature sensationalism

Nothing can destroy a research project quicker than premature or sensational revelations about it, Lord Shawcross stated last week. He was speaking at a Royal Society of Medicine meeting on "Problems arising from the growing public interest in medicines and therapeutics".

Earlier the chairman of the meeting, Sir Hadley Atkins, had said that there tended to be some early disclosure of discoveries which did lead to false hopes being raised.

It was particularly important to have all the facts available about a new discovery and to take time over releasing information, Mr G. J. Wilkins said for the Association of the British Pharmaceutical Industry. Mr Wilkins admitted that the industry might make premature disclosures, but he pointed out that where appropriate it should encourage interest. To refuse information only antagonised the public.

Sometimes it was difficult to explain therapeutic advances. The situation could be made worse by over simplification.

Perhaps the permissive society over emphasised anything which gave rise to pleasure. There was greater interest in medicine and health in America where high sums were paid for treatment by the individual.

The pharmaceutical industry had to adopt a standpoint about publicity, maintained Mr Wilkins. He explained that information supplied by the industry's organisations—the Office of Health of Economics and the Association of the British Pharmaceutical Industry—had on occasion been of "great value" to the public and had supplemented the somewhat inadequate information held by the civil service or government. Perhaps the time had come to work out ways of ensuring accuracy in the mass media, concluded Mr Wilkins.

Presenting the medical point of view, Sir Ronald Tunbridge said that few people realised the work that went into producing medicines, but nevertheless there was still an element of quackery in the way they were presented.

Today a doctor could no longer measure the effect of a new treatment just by his own experience. There were many factors that had to be assessed and the full significance of those were not always apparent.

Generic versus brand

Regarding generic names as redundant is dangerously irresponsible, although there is no doubt that quality variation exists within a few groups of drugs, and that confusion can only be avoided by brand name designation.

That was the contention of Dr Angus Mackay, of the Medical Research Council, Cambridge, writing in the latest edition of *World Medicine*.

Only knowledge of the pharmacological group to which a drug belonged would allow intelligent therapeutic design and alertness to possible drug interaction and toxicity—factors of much more therapeutic significance, maintained Dr Mackay, "than fairly minimal variations in the pharmacy of the preparation."

Many prescribers were able to associate the background pharmacology with the brand name, but he suspected for many more it represented a choice based on little more than familiarity of personal experience.

There was no short cut; both names had to be kept in mind.

Company News

Unichem's expansion plans for their computer

Unichem Ltd's computer installed two years ago ran into difficulties at first because of the sophisticated and complex nature of the installation, John Thompson, head of the company's management services, said last week that as operators had become more efficient, the number of errors had gone down considerably and a further final improvement was now being introduced to "virtually eliminate all invoice errors".

The computer started off by preparing invoices and statements. Working in shifts, the team of 18 female operators were handling up to 3,000 orders a day. This total has now increased to around 4,000 and growing monthly, he said. In addition, the computer now "posts" the invoices to a sales ledger and produces a whole range of delivery and product statistics. Overhead costs have been stabilised and the chemist got an invoice every three days instead of one per delivery making it easier for the chemist, added Mr Thompson.

The management is so confident that the computer operations are now running smoothly that the next stage of expansion is under consideration. If it goes ahead, possibly by around early 1974, it will mean "instant stock control and swifter delivery to the High Street."

The team of experienced visual display operators who type out the invoices at Unichem's headquarters at Morden, Surrey. Invoices are sent every three days instead of for each delivery. The savings in paperwork is said to compensate for the sophisticated computer installation one of the most advanced among wholesalers.

Biorex export performance

Sales to export of Biorex Laboratories Ltd during the year in which they gained the 1972 Queen's Award to Industry represented 42 per cent of the company's total sales. The amount represented £4,000 sales per employee against £1,800 in 1969.

This information was given by Sir Gerald Templer to guests at a ceremony last week when he presented the Award which the company had gained for technological innovation in the development and production of Carbenoxolone Sodium.

He said he understood that the export sales ratio would increase to 75 per cent in the next few years—a performance which the company could be proud, more particularly since it only employed between 70 and 80.

Glaxo group tops forecast

Group pre-tax profit of Glaxo Holdings was £1·9 million above the forecast for the year to June 30, 1972. The figure was £26·9m compared with the suggested £25m and for 1970-71 the pre-tax profit was £23·8m. Sales, including wholesaling interests, were up by just over £12m at £138·9m. The wholesaling sales (Vestric) for 1972 amounted to £9·3m compared with the previous year's £8·25m.

Roure's British company

Roure Bertrand Dupont Ltd has been formed to supply Roure products in Britain. The address is 52 Lincoln's Inn Fields, London WC2A 3LZ (telephone: 01-405 3387). Directors: A. W. Munns, J. B. Poucher and C. Vidal (French).

Irish News

Irish Congress record attendance

The eleventh annual Irish Pharmaceutical Congress attracted a record attendance of around 400 pharmacists to Tralee, co Kerry, from October 8-11.

Visitors were welcomed at a civic reception in the Ashe Memorial Hall on the Sunday night by the chairman of the local Urban Council, Mr Michael O'Regan.

At the annual meeting of the Society on Monday night, the president, Mr R. J. Power, announced that there would be no council election, all retiring members, with the exception of Mr Timothy O'Malley of Limerick were returned unopposed.

Mr O'Malley had indicated that he was not seeking re-election because of pressure of business.

The president then formally announced that co. Sligo born Mr Tom McGuinn, BScPharm, was being unanimously co-opted to replace Mr O'Malley.

Mr McGuinn is attached to the National Drugs' Advisory Board.

The president also reported that the draft constitution of the Irish Pharmaceutical Union had been approved by the Registrar of Friendly Societies as acceptable for registration under the Trade Union Acts. He understood that members of the Irish Drug Association who would comprise the largest group within the union would vote on November 5 to approve of the merger between the association and the union and said that in the light of support coming from community pharmacists the outcome could hardly be in doubt. He trusted the other groups would be equally positive in their attitudes.

The president added that the Society had accepted a recommendation of the Co-ordinating Committee on Drug Abuse that pharmacists would dispose of all accumulated stocks of addictive drugs which were no longer being prescribed by doctors in an effort to defeat the efforts of drug thieves who were turning, in increasing numbers, to pharmacies for illegal supplies by breaking into them since the closing of dispensaries on the coming into operation of the Health Scheme for the entire country on October 1.

He appealed to all pharmacists to take such drugs to their nearest police station for temporary safe storage pending verbal instructions by the Society's Inspector concerning the disposal of the drugs.

He also announced that, with the co-operation of industry, only minimal stocks of other hard drugs not in common use, would be stored in pharmacies but stated that arrangements were being made to ensure that adequate supplies would be available to meet emergency requirements.

The Congress opened with an Ecumenical Service in the Brandon hotel, headquarters of the Congress.

People

Mr S. M. Peretz has been appointed a member of the Chemicals Economic Development Committee (Little Neddy). Mr Peretz has been managing director of Cyanamid of Great Britain Ltd for five years. His appointment fills the vacancy created by the retirement of Dr D. E. Wheeler from deputy chairmanship of the Wellcome Foundation Ltd.

Mr A. Peter Wilson has retired from the board of John & E. Sturge Ltd after 50 years with the company, 48 of these as a director. Mr Wilson relinquished his executive duties in December 1965.

Mr Alastair Mackie, formerly secretary of the British Dental Association, has been appointed director general of the Health Education Council. Mr Mackie was a professional airman from 1940 to 1968. It is reported that there is surprise in some quarters that a doctor has not been appointed to the post. **Sir Harold Evans** is to succeed Lady Birk, the present chairman of the Council.

Mr G. Varney has been awarded a PhD by the Council for National Academic Awards for research work undertaken at the Macclesfield laboratories of Imperial Chemical Industries Ltd's pharmaceuticals division. The research programme concerned factors involved in polymorphic phase transitions in aqueous drug suspensions and was carried out under the academic supervision of Dr J. T. Pearson, principal lecturers in pharmaceutics, School of Pharmacy, Sunderland Polytechnic.

News in brief

☐ The establishment of a pharmacy in Dreghorn, Ayrshire will be completed "as soon as possible", Ayrshire Executive Council were told recently. A doctor has been advised that it will not be necessary for him to dispense medicines for his patients.

☐ 223,422 school children were found to be infested with head lice in 1970 compared with 192,896 in the previous year, records a Department of Education report.

☐ The new Health Scheme, which has been in operation in Dublin, Kildare and Wicklow since last April, was extended to the remaining seven Health regions of the Republic on October 1. This means that an extra 28 per cent of the population which had been receiving their pharmaceutical requirements at local dispensaries will now be able to go to the pharmacist of their choice.

☐ Prices of a wide range of dressings are amended in the Scottish Drug Tariff with effect from October 1.

An estimated 20,000 tourists and office workers in the City of London saw the Visual arts in Medicine exhibition during its two-week run in London. The exhibition was sponsored by the Association of the British Pharmaceutical Industry.

☐ The latest Office of Health Economics booklet published on Wednesday calls for a broadening of the basis of medical education. The medical schools, it states, must in future concentrate more on teaching general practitioners about human behaviour, rather than merely extending their technical knowledge.
(*Medicine and Society. OHE, 162 Regent Street, London, W1R 6DD. £0·25.*)

Topical reflections

BY XRAYSER

Europe

THAT there will be pharmaceutical problems to surmount when Britain enters Europe cannot be gainsaid, and the picture is perhaps more complicated than appeared when first mooted. Last week's issue emphasised the difficulties and differences; it was stated that there was no common pattern of practice in the "six", and Britain's entry would only complicate it. Central to becoming more professional in retail were the questions of limitation of pharmacies and progressive decommercialism, and Britain was likely to be left alone with her problem with only a positive indication of the direction that should be taken and a time-table to achieve it.

And what if Britain is not prepared to go in the desired direction, either now or in the future? I had occasion, on a recent holiday, to make a purchase in a pharmacy which I found some difficulty in recognising as such. Just inside the door was an enormous stand devoted to greetings cards of every variety and price, and in my quest for the pharmaceutical product I wanted, I passed another large stand offering a choice selection of "pop" records. There was also a counter resembling the hanging gardens of Babylon with a draping of nylon stockings and tights, and I eventually reached a small counter which promised what I wanted and my search ended.

I could not help contrasting the general appearance with pharmacies I have seen in Holland and France, and I understand what was meant by the statement that Britain was likely to be left with her problems.

Sounding the trumpet

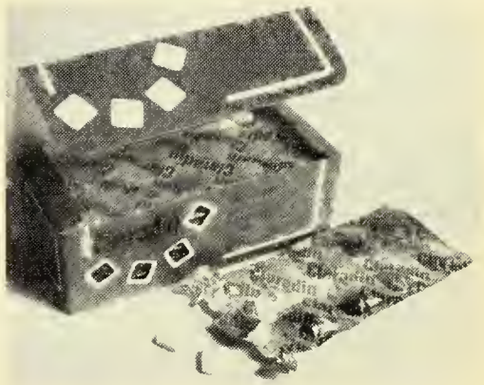
But it does not seem that Mr Allen Aldington has doubts in the matter, for in his address to the Ulster Chemists' Association he asserted that British people did not generally blow their own trumpets—and pharmacists were British in that respect. Mr Aldington said: "We yield to no one in the expertise acquired through the years and maintained by pharmacists who supply the nation's medicinal needs." If by expertise Mr Aldington meant educational standards of qualification, he was perhaps not very wide of the mark, but what I have seen on the continent suggests that there are more opportunities for the use of expertise than there are in this country.

Continental pharmacy was interesting, Mr Aldington went on—we could learn something from them—but British pharmacy had something to offer. He believed the entry into EEC would be to the advantage of pharmacy throughout Europe. I should like to believe that too.

Mr Aldington said that throughout the years there had been many ideas for the improvement of pharmacy—restriction of opening of new premises; the restriction of medicines for sale only through pharmacies, and the reduction of the sale of sidelines. Some, he said, had thought that entry into Europe would provide that at one stroke, but nothing could be achieved in that way. The British chemist shop was an institution which must remain. It would, he added, be developed by co-operation with colleagues on the Continent broadening their outlook, "also our own".

I have quoted both reports at some length to indicate the divergence of views between the views from Brussels and one of pharmacy's leaders in this country, and I find the views difficult to reconcile. What, I wonder, is a "British chemist shop"? So many today succeed in concealing their identity.

New products and packs



Cosmetics and toiletries

Eye make-up plus protein

The formula for Coty's new range of eye make-up contains hydrolised protein to form a protective moisturising film on the skin. Protein eye shadow (£0·95) is a frosted liquid shadow with a built-in brush which, say Coty, dries to a pearlised powdered finish without smearing. It is available in six shades: Jade Green, Dusk Blue, Antique Silver, Sea Aqua, Fresh Lilacs and Pearl Rose.

The Protein mascara (£1·25) is water resistant and, it is claimed, protects hair from breaking or splitting. The colours are black, brown, green or blue. Protein lash conditioner (£1·50) is a colourless cream to be worn overnight which helps restore dry, brittle lashes if used regularly (Coty Ltd, Coty House, 3 Stratford Place, London W1N 9AE).

Nail Body from Cutex

Nail Body both polishes and strengthens the nail at the same time say Cutex. It cements flaking nails and provides an "elastic" coating which helps prevent nail damage while conditioning them. Nail Body is available in two shades, natural and pink pearl (£0.45).

Cutex are also repackaging their current range of hand and nail accessories. They will now be presented in scarlet cartons with black and white graphic designs (Chesebrough-Pond's Ltd, Victoria Road, London NW10).

Air Spun make-up addition

Air Spun Creme Blush (£0·75) from Coty has been introduced to the Air Spun Make-up range. Providing bright colour for the cheeks, the creme formula spreads easily and smoothly over extra coverage make-up say Coty. It can be applied under, or over powder, and is presented in a flat, white jar in three shades—russet, peach or pink (Coty Ltd, Coty House, 3 Stratford Place, London W1).

Versatile cosmetic bag

A sueded vinyl cosmetic bag from Aronde (£0.49) includes a free handcream and is one of a range of bags introduced for Christmas. With its soft finish, washable gold-coloured vinyl interior and gilt clasp plus frame the product can double as a clutch evening bag (Aronde Laboratories Ltd, Sherbourne Avenue, Binstead, Ryde, Isle of Wight).

Babycare

Baby lullaby box

The Savlon babycare lullaby box (£1·40) contains 100gm size talc, 230ml size lotion, 50gm size cream, 100ml size shampoo with a 5p voucher redeemable on the next babycare purchase plus babycare advice leaflet and a 45rpm record by Jackie Lee singing two lullabies (Imperial Chemical Industries Ltd, Imperial Chemical House, Millbank, London SW1).

Household

Varta Batteries

A complete range of batteries to cover every application is available from Varta. The range includes both segmented and steel clad zinc carbon, and zinc chloride types, also mercury and alkaline photographic cells and batteries (Varta Batteries Ltd, Varta House, Hanger Lane, London W5 1EH).

Toilet tissue range

Kleenex Toilet Tissue has been relaunched in a range of five bright colours and the familiar brilliant white. The two deep colours, organdie orange and royal purple have been added and the aquamarine, pink and yellow have been brightened.

The Toilet Tissue also has a new pack design of a white and gold exterior which allows the colours to show through (Kimberly-Clark Ltd., Larkfield, Maidstone, Kent).

Suede dyes and cleaners

Additions to the Miss Dylon range are Miss Dylon suede dyes, a range of suede dyes in 12 shades (£0·25), Miss Dylon suede cleaner (£0·35) and Miss Dylon rain and stain repellant (£0·35).

The suede dyes are prepared from pre-metallised dyestuffs and, say the manufacturers, will not fade in strong light and can be dry cleaned. A special brush applicator and instruction leaflet are included in each colour coded carton. The suede cleaner can be used to remove marks and stains from suede and brushed pigskin before dyeing and is available in a 5oz aerosol can.

The rain and stain repellant is one of the new fluorocarbon based protectors that shower proofs suede and leather, and chemically makes materials impermeable to stains and dirt. (Dylon International Ltd., Lower Sydenham, London SE26 5HD).

Sundries

Improved Hot Comb

Remington are now manufacturing an improved version of the Hot Comb for men (£7·95). It has a new, black design to match the family hairstyler and is supplied in a black travel case. It is 240v (185w) AC only and BEAB approved. (Sperry Rand Ltd, Remington Electric Shaver Division, Apex Tower, 7 High Street, New Malden, Surrey KT3 4DL).

Prescription specialities

CLARADIN tablets

Manufacturer Nicholas Laboratories Ltd, 225 Bath Road, Slough Bucks.
Description White square tablets, with rounded corners, each containing aspirin 300mg in an effervescent base equivalent to sodium bicarbonate 600mg and anhydrous citric acid 400mg.
Indications Relief of pain and/or reduction of fever associated with upper respiratory tract infectious and other painful or febrile disorders.
Contraindications Hypersensitivity to salicylates
Dosage Adults: 2 to 3 tablets every four hours. Children: (3-6 years) ½ tablet (6-10 years) 1 tablet (10-12 years) 1½ tablets every four hours or as directed. Tablets should be dissolved in half a glass of water before administration.
Storage In a cool dry place
Pack Box of 100 (£0·90 trade + P.T.)
Issued October 1972

BILIGRAM

Manufacturer Schering Chemicals Ltd, Burgess Hill, Sussex, RH15 9NE
Description Contrast medium as infusion (17 per cent) and injection (35 per cent) containing the meglumine salt of ioglycamic acid in acid solution
Indications Intravenous cholegraphy
Storage Protect from light. Shelf life 5 years
Packs 5 x 30ml ampoules (£4·78 trade) and 5 x 100ml infusion (£11·68)
Issued October 1972

Trade News

Special trade offer from Remington

For a limited period, Remington electric shaver division, Sperry Rand Ltd, Apex Tower, 7 High Street, New Malden, Surrey, are offering their F2 foil shaver in a special zipped travel pouch to any member of the wholesale or retail trade—at "slightly less" than half price. The F2, which is being advertised pre-Christmas in the *Daily Mirror, Sun, Daily Mail, Daily Record* and *Readers Digest*, has a recommended retail price of £11.95. Using special forms available from Remington salesmen or direct from Remington head office, any wholesale or retail trade employee can buy the F2 for only £5.95. Cash or cheque should accompany the order form and only one F2 shaver will be allocated to each applicant. The F2 shaver will be sent direct to the nominated address. Subject to availability the offer will last until December 31.

Hermesetas price increases

Crookes Anestan Ltd, P.O. Box 94, 1 Thane Road West, Nottingham NG2 3AA, are increasing Hermesetas prices from November 6 as follows (trade prices in parenthesis):—200's £0·17 (£1·53 doz); 300's £0·23 (£2·07 doz); 650's £0·37 (£3·33 doz); liquid £0·24 (£2·16 doz).

Correction

Recital shampoo from L'Oreal, specially developed for colour-treated hair, has the same formulation as the shampoo included in each pack of Recital colourant. Available in a single application size sachet (£0·7½) with a free goods bonus in effect on orders of Recital shampoo until October 20 (L'Oreal, 18 Bruton Street, London W1A 1BX).

Allenburys clear stock

Allen & Hanburys state that all stocks of Allenburys malt extract with cod-liver oil in jars of 1 lb and 2 lb have been cleared. No further orders can be accepted.

New look for Rybar products

Rybar Laboratories Ltd, St Ives House, Maidenhead, have devised a major development programme for three of their otc products. Nez tablets, Rybar cold sore lotion and Rybar eye drops are being relaunched in new look packaging and counter display outers designed to give the range a complete face lift and to achieve an overall product identity.

In particular, Nez will feature in a consumer Press campaign starting at the end of October and running until March 1973. Regular display advertisements will appear in the *Sunday People* and *The Sun*.

Bonus offers

United Chemists (Ucal) Ltd, Ucal Works, Cheltenham, Glos. GL52 6HD. Beethams Larola hand and face lotion and Beethams Glycerine and Cucumber complexion milk. 12 invoiced as 11 from October 16 until October 31.

Promotions

Electrical appliances campaign

The Philishave nationwide television campaign, which continues until December 23, consists of 30-second colour commercials and covers the Philishave shavers, beauty care products, fan heaters, extractor fans and the recently-introduced XTR7 foil head shaver.

Shavers will also be featured together with health lamps, fan heaters, window fans, make-up mirror, hair dryers and Ladyshavers in a Press campaign including the *Sunday Times, Glasgow Daily Record, Belfast Telegraph, Weekend Telegraph, Weekend, Vogue, Petticoat, Honey* and *She*. Total campaign expenditure, say Philips, is in excess of £300,000 over three months (Philips Electrical Ltd, Century House, Shaftesbury Avenue, London WC2H BAS).

Scotties Autumn plans

Bowater-Scott's Autumn campaign for facial tissues includes a new pack design for 'man size' Scotties backed by a £72,000 advertising campaign, a consumer offer on all 'man size' and regular scotties packs and the introduction of new 180 Scotties packs in rainbow and white.

The new 'man size' pack appears in a design of green, black and orange stripes and the advertising campaign runs for six weeks from the beginning of November. Vanity mirrors are being offered free in exchange for four coupons from the special Scotties packs or there is an alternative offer to purchase the vanity mirror for 30p with one panel from the Scotties pack, or 25p for two special panels. The old 200 packs are now being discontinued with the launch of the new 180 packs (Bowater-Scott Corporation Ltd, Bowater House, Knightsbridge, London SW1).

Free publicity to be won

£135,000 is currently being spent on a national advertising programme for Vaseline Intensive Care Lotion. The next campaign will run for six weeks, starting October 16. And money-off stock is now being sold into the trade: each of the three sizes being affected: 90gm 2½p off, 185gm 5p off and the 295gm with 9p off.

Prizes in the Vaseline Intensive Care Lotion competition, which closes on November 30, include a first prize of a full page advertisement in the winner's local newspaper and second prizes worth a half-page in a local newspaper (Chesebrough-Pond's Ltd, Victoria Road, Willesden, London NW10 6NA).

on TV next week

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Askit powders: Sc, G
Close up: All areas
Lucozade: All except E, CI
Lux soap: All except E
Macleans toothpaste: All except E
Phensic: All except CI
Rennies: All except U, E
Signal: WW
Silvikrin conditioner: All except E
Silvikrin hairspray: All except E
SR: All areas
Tegrin medicated shampoo: All except So, E
Three wishes: All areas
Viking Brews: M, We
Wella: All except E, CI

INTO EUROPE: THE BELGIANS' EXAMPLE

What would happen to British general practice pharmacy if the principle draft directives are accepted by the EEC Council of Ministers? Of all the Common Market countries, Belgium probably offers the best example of a change from something akin to the British system, in the direction of the Market's ideals.

In some respects, today's Belgian pharmacist practises his profession in the manner of the British pharmacist of the 1930's—but with the drugs and equipment of the 1970's. Unlike his British counterpart of either era, however, he is able to make most of his living from the practice of his profession without recourse to "para-pharmaceutical" merchandise or compromising his professional position.

The explanation is to be found in the health security system operating in Belgium, which tends to favour small-scale manufacture in the pharmacy rather than the prescribing of specialities. An extreme example—but one which occurred during a morning's dispensing witnessed by *C&D*—would be vitamin B_1 tablets. When prescribed as the speciality the patient would pay 25 or 50 francs (according to which scheme they were in) and the pharmacist would be paid only a small dispensing fee. But prescribed as capsules to be filled in the pharmacy *sec art*, the patient may have nothing to pay, while the pharmacist receives a fee in keeping with the manipulative skills he has exercised—some four times that received for dispensing the speciality!

Manufacture

The typical surburban pharmacy we visited was thus geared to carry out almost any small-scale manufacturing operation. Only about one-fifth of the premises was for customers—the remainder being a dispensary of a size more appropriate to a British health centre with a dozen doctors, and an analytical laboratory. Equipment included a hot air oven, capsule-filling frames in a variety of sizes, ointment mill (also used for emulsions), and suppository moulds utilising the plastic formers now common for specialities.

How many British suburban pharmacists could compound, from their shelf stocks, medicines containing tetracyclines, neomycin, L-dopa, sulphamethoxydiazine, propantheline, dried thyroid gland or methaqualone, to name but a few of the drugs we know better in the prepared forms? Backing these up are all the traditional galenicals.

But on the back of each elegant shop round of a by-gone age is a recent coding—referring to the records of analysis the pharmacist has carried out to ensure that the drug is what it purports to be. In Belgium he accepts full responsibility for the nature and quality of everything he dispenses—he cannot put all the blame on the wholesaler or manufacturer if a patient comes to harm through use of drug from a wrongly labelled bottle. To fulfil this responsibility, he needs expert support, which is provided by the Belgian Association's own analytical laboratories (see later).

There are five social security systems to which the public may belong, but 85 per cent are in the national scheme. This is run by political-religious groupings. Each gives to its members identification slips which are stuck to the top of a prescription by the patient, entitling him to the medicine at the cost appropriate to the scheme. The pharmacist copies the prescription into his book, and if it is one that may be repeated, issues one or, at maximum, two copies to the patient. These are valid for two months, the patient again attaching an identification slip to the form when he has the medicine repeated. The pharmacist submits his prescriptions monthly to the Belgian Pharmaceutical Association for full pricing according to an official tariff. Ingredient prices are decided by a commission of pharmacists and wholesalers, giving the pharmacist about 20 per cent margin on his buying price. But if for example, he chooses to use a particular brand of a drug costing more than the tariff price, he must bear the loss. The tariff also has a scale of fees for all dispensing operations—including such skills as infusion and decoction preparation—each related to a "P" value. The value of "P" is linked to the index of retail prices and is determined by the commission on November 30 every year. An an example, the fee for preparing 10 suppositories is at present 93 francs (current exchange rate £1 = 110 francs) including value added tax.

Vulnerable?

The average Belgian pharmacy depends on social security prescriptions for perhaps 75 per cent of its turnover—not so very much more than some of Britain's smaller pharmacies. Yet it would seem to be highly vulnerable to any trend towards the British form of Health Service in which the doctor may (theoretically) prescribe without regard to the financial effect on the patient. His French counterpart relies almost exclusively on the dispensing of specialities, showing just one of the many obstacles in the path of harmonisation of European pharmaceutical practice.

The Belgian pharmacist has in his favour the monopoly of medicine sales but with this privilege go exacting responsibilities—some self-imposed. It is the Belgian system that is the basis of the *Livre Blanc* requirement that the pharmacist's responsibility should cover not only the quality of the drug issued and its compliance with legal regulations, but also its compliance with the manufacturer's stated formula.

Sample batches of all drugs and medicines are checked by the laboratories of the Belgian Pharmaceutical Association, and a pharmacist not satisfied with something he received from a manufacturer or wholesaler refers it to the laboratory for testing before use. As already mentioned, he is obliged to carry out and record simple checks on the product's identity and quality in his pharmacy—he would be at fault if a badly-stored tablet showed discolouration and he had not inspected it before dispensing, for example.

Holidays

In line also with their acceptance of responsibilities, Belgian pharmacists give a full emergency dispensing service. For a Brussels pharmacy it works out at three one-week periods in a year for each pharmacy, during which time there must be a pharmacist on duty at the premises for the whole 24-hours.

A bed and washing facilities are required—the pharmacist need not keep open shop, Incidentally, these are the only weeks in the year that the pharmacy *must* be open, there being no parallel to the NHS contract situation; many pharmacies close for annual holidays.

The opening of new pharmacies has been controlled in Belgium since 1970, with the registration of all existing premises. In Brussels, it is still a matter of a pharmacy almost every 300 metres, however, and an attempt to secure better rationalisation—"repartition" as it is known—is being made by the local pharmaceutical associations.

The method they are adopting is to form "co-operative" companies which can buy up pharmacies as they come on to the market, in the face of competition from larger multiples which might otherwise outbid any single independent. The co-operative can then put in a young pharmacist as manager. When two or three pharmacies in close proximity can be persuaded to sell to the co-operative, it becomes possible to choose the best premises—and to provide from there a first-class professional service by using the combined staff of those that are closed. This becomes feasible now that no new pharmacy can be opened in competition—unless the population served exceeds 4,000.

About 20 per cent of Brussels pharmacists have shares in their co-operative (Bruphar), and in Liège the local co-operative already owns more than 20 businesses. The aim is to sell the businesses to the young pharmacists put in to run them, the price being determined at the beginning of the contract, with a reduction

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Left: Dr J. A. Verrydt in his Brussels pharmacy. Right: The typical "non-commercial" exterior

Continued from p545

for each year the pharmacist works in the business. Profits are shared by both pharmacist and the co-operative, but the younger man is building up a business that he will eventually own.

A professionally-imposed restraint is the move three years ago to limit the merchandise that may be sold in a pharmacy and the manner of its presentation to the public. In Belgium—and on the continent generally—the pharmacist first takes his university degree to the State for registration, then to the district authority where he intends to work. But he must notify his intended place and activity of work to the *Ordre des Pharmaciens* to which he is responsible for his professional conduct.

It was thus the Belgian *Ordre*, that decreed that all commercial aspects should be removed from the practice of pharmacy. All commercial luminous signs outside should be removed, it said; there should be no form of publicity in the windows, and within the pharmacy there should be no commercial publicity such as showcards.

The effect, as any visitor to Belgium can testify, has been to create a totally professional atmosphere in the pharmacies. Almost without exception, central Brussels' pharmacy windows are a joy to the pharmaceutical historian—indeed, if sale room prices of antiquities have increased out of all recognition in the past three years, blame the Belgians! But beyond the windows . . .

Ownership

Brussels pharmacists are demonstrably masters of the art of "living with the rules". They may not sell items for which there is no professional justification, but a law of 1885 allows them to own a drug store. So many pharmacies are next door to a drug store selling the prohibited items (such as perfumes)—they have joint fascias, identical fixtures and they are connected internally, though sometimes only behind the counters. Although the law requires separate entrances from the street, there is at least one example of the intercommunication being total except for token dividing walls at front and back of the premises.

Should the profession enforce the spirit of the rules in such a case? Memories of the Albert Hall and the House of Lords are too fresh for British pharmacists to wish their Belgian colleagues the pain and heartsearching of any legal entanglement in such an area.

Even in Belgium, dispensing cannot on its own pay the pharmacist his professional salary. However, he is able to supplement his income by selling only a limited range of goods—though it is expanded by "para medical" products such as baby foods, and certain toiletries such as sunscreens, non-allergic lipsticks and skin creams and lotions on which professional advice is appropriate. Within this area, the Belgian Pharmaceutical Association invites manufacturers to submit their products and formulae (kept secret) for control by the laboratory, and the issue of a "quality" label. Approved products are restricted to pharmacies and are sold at an agreed price. The Vichy range of cosmetics is "approved" in this way, and the extensive display of its distinctive packaging on shelves visible through the windows almost "signposts" a Belgian pharmacy.

Visitors

As Common Market women become more frequent visitors, Britain's independent pharmacists may come to rue Boots' capture of the exclusive rights to this range. Perhaps the National Pharmaceutical Union's marketing management should be on the look-out for one of the competitive ranges such as Roc.

Most manufacturers of baby foods and toiletries are also keen to obtain the Association's "quality" label.

One last matter on which the Belgian pharmacist's recent experience could guide his British counterpart is in the application of value added tax. Even dispensed medicines are taxed at 6 per cent, and the system can involve the pharmacist in extensive book-keeping. Two systems are open to the retailer. Either he may record every transaction, item by item, and pay tax accordingly—obviously almost impossible—or he may be taxed on the assumption that everything he buys in a month is sold in that same month. This latter scheme can be worked on a three-monthly basis under which one-third of the previous three months' tax is paid at the end of each month, the account being balanced exactly at the end of each quarter.

The account ledgers required for a multi-rate system would make the British retailer grateful for his standard rate-plus zero. Belgian pharmacists have problems with items such as alcohol charged at 6 per cent in one case and 25 per cent in the other, and fees charged to patients who are not socially secured.

However, much of the burden has been taken over by the local pharmaceutical associations which are now able to deal with all the pharmacy's tax accounts (they already price the social security prescriptions). This service is reminiscent of the NPU's Clearing House—but it has of necessity to handle the actual invoices, creating a massive paper problem. If the NPU has plans to assist its members in a similar way, perhaps it should be bidding for Centre Point!

More small firms show training interest

More and more small firms are showing an interest in training, reports the Distributive Industry Training Board in its annual report for the year ended March 31, 1972.

The Board says the year was one of marked progress despite the uncertainties caused by the knowledge that the Government's consultative document on the future of training was to be released later. If it is allowed to continue with its present policies the Board says that it is confident the quantity and quality of training in the Distributive Industry will continue to improve.

Whilst it is not yet possible to produce statistics of the amount of training carried out in the year ending July 31, 1971 reports from field staff indicate that both the quantity of training is increasing and quality improving.

The Board's special grants scheme for firms with an annual payroll of £60,000 and under is being increasingly adopted.

Estimates for the training year ending July 31, 1971, show that the board will make training grants totalling more than £7,200,000. During the year there was an excess of expenditure of £866,000 but after deducting a previous surplus and taking into account capital expenditure, there remains an accumulated deficit of £321,000.

The grant policy for the period ending July 1973 will "enable the deficit to be recovered during the coming year". The total levy income for the year was £7,676,000. This represents an average of £5·35 per employee on leviable firms and a total grant expenditure averaging £5·16 per employee.

The estimated number of employees on the Board's register of leviable firms is 1,250,000.

PHOTOCOUNTER

Kodak publicity was highlight of German show

There can be little doubt that the highlight of the 1972 Photokina exhibition was the European publicising of the Kodak 110 cartridge system of picture making. Crowds thronged the huge 66-screen presentation in the upper part of Hall 8—Kodak's perennial position in Cologne. Kodak girls, in the company's colours, offered visitors a token to take part in a picture bingo game. Different patterns of pictures appeared on the multi-screen display—those lucky enough to be able to match them got a Model 100 camera as a reward.

But this was only part, the external manifestation, of the considerable effort put into the continuation of the launch of the pocket Instamatic series of cameras. At the Press preview, Eastman Kodak's president Gerry B. Zornow made it quite clear that the new system was intended for the general public and not for the "camera-buffs" and other technically-minded photographers.

One can be fairly confident, as Kodak certainly is, that the pocket Instamatic will be as successful as the original 126 Instamatic has been. Already one hears of processing lines being set up specifically to deal with the new sub-miniature format on 16mm width gauge. In unskilled hands the cameras produce results which are pleasing and acceptable—on another page *C&D* publishes practical test results with the Model 100 camera, tests carried out in our usual practical manner.

Already a number of other firms are about to go into production with cameras for the new system. As examples, the Hong Kong based Halina organisation showed several prototypes: the GAF company exhibited its first model, the 220, which probably also originates from Halina, while Dixons have announced the Prinzflex for early distribution, having illustrated it in the company's annual report. Most German companies making inexpensive cameras (eg in the 126 field), do not yet appear to have made up their minds whether to cater for the 110 format.

Japanese manufacturers, surprisingly enough despite a number of enquiries, do not yet seem to be considering entry into the 110 market. The exception appeared to be Sedie Ltd of Tokyo. This company showed their model 110 Luxe which was stated to be from the production line and not a prototype. This has a 3-element f/9·5 glass lens of 26·5mm focal length with a shutter speed of 1/120 second. (The speed for flash pictures is reduced to 1/50 second.) This is to be the first model . . . later a "budget-priced" camera, with an f/11 glass lens is to be marketed, as well as models with electronic shutters.

Slide projectors

Although Kodak has announced two Retinamat slide projectors, models 210 and 610, of conventional pattern, the Goko company exhibited a neat table viewer with a semi-automatic cartridge holding from 20 to 36 of the new tiny slides. It has a sloping front screen 150 × 150mm (6 × 6in) onto which the images are rear projected by an f/2·8 coated 35mm lens. The light source is a 6volt 10watt lamp. The unit is very neat and compact and a row of them was seen in operation on the stand at "photokina".

The number of new cameras in the lower price bracket was far fewer than in previous exhibitions although both Agfa and Kodak showed two new models. The one from Agfa is the Agfamatic 50 for use with Magicubes, has a fixed-focus lens, two-speed shutter (1/40 and 1/80 second, automatic flash speed adjustment, automatic flash-cube rotation, rapid-transport lever and a practical cassette ejector. The camera will be supplied in an attractive pack with an Agfacolor CNS film (12-exposures) and a flash-cube.

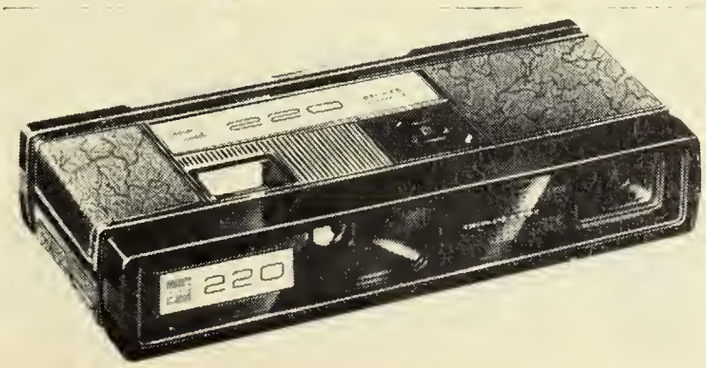
The Kodak camera is the Instamatic 56X also designed for use with Magicubes—this replaces the earlier 55X model and, while retaining all of the features of it, now has automatic rotation of the Magicube after each flash exposure. The camera will be supplied in "outfit" form with a 12-exposure Kodacolor-X film, flash-cube and instruction book at a suggested retail price of £7·09, with the carrying case extra at £0·80.

One of the surprises of this year's Photokina, however, was the display of an incredible number of miniature electronic-flash units.

However, one American manufacturer, Keystone (a division of Berkey Photo Inc) showed a range of three 126 cameras with built-in electronic flash—the Everflash series. The USA suggested retail prices are of the order of 40, 52 and 65 dollars—a direct conversion to sterling being £16·66, £21·66 and £27 respectively. The first two cameras are battery powered while the third is claimed to have a lifetime rechargeable battery.

However, there seemed to be one lesson to be learned from this recent exhibition and that was an awareness of the increasing gap, possibly never before so clearly marked, between cameras intended for the mass market of snapshotters and equipment destined to be bought and admired by the "serious amateur". At one end of the scale, as has been stressed before in these columns, there is the big market for simple picture-making people who just don't want to learn about photography and those at the opposite end who want to talk about the subject and discuss technicalities.

Left: Goko SV 150 table viewer



Right: GAF 220 camera

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You know WOTAN wery well. No need for us to underline WOTAN quality and reliability. Right now we're celebrating our new distribution set-up—by giving you the chance of being our guest at Carnival Time in Munich.

The WOTAN offer Order the WOTAN 'Bright Lights' dealer pack of flashbulbs and flashcubes, and we'll deliver it to you in this FREE avel bag—a smart black zip-up number. Specially chosen to put you in the travel mood. Look nside and you'll see why!

Carnival in Munich Inside each bag there's n Entry Form for the wonderful WOTAN 'Bright Lights' Competition. Prizes are FREE trips to arnival Time in Munich next February (and the Bavarians really know how to live it up in their drinking, feasting. And you could be right there in the heart of it!

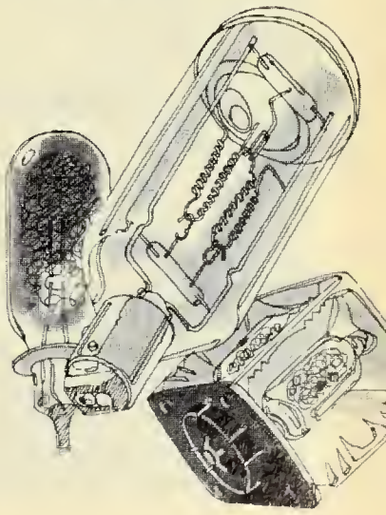
The WOTAN 'Bright Lights' Package For £25.65 you get all these WOTAN products in your free travel bag: 200 AG Flashbulbs, 200 Type 1 Flashbulbs, 50 M3 Flashbulbs, 60 Flashcubes and 18 Magicubes. Recommended Retail Value £47.64. How's that for fantastic value!

What You Do Just pick up your 'phone and ring 01-736 8115/8. Or send the coupon. Either way, your order will be despatched immediately. You'll be invoiced direct or through your usual wholesaler. Remember that for every further 'Bright Lights' dealer package you order during 1972 you'll be entitled to another free travel bag and another

photo flashbulbs.
to take it to Carnival in Munich.

And watch out for the WOTAN 'Bright Lights' Sales Team—they're calling on dealers now!
Trust WOTAN to brighten your life.

WOTAN – wery good lamps and flashbulbs



YES! Please rush me a WOTAN 'Bright Lights' Dealer Pack at £25.65, complete with free travel bag and Competition Entry Form. Please invoice me direct/ through my Wholesaler*
** delete as required, and give Wholesaler's name and address if necessary.*

Name Company

Address

Wholesaler's name and address

The Valiant Electrical Wholesale Company, 20 Lettice Street, London, SW6. Tel: 01-736 8115/8.

PHOTOCOUNTER

NEW INSTAMATIC 100

Test report

Pocket Instamatic 100. Made and distributed in Britain by Kodak Ltd, Kodak House, Kingsway, London, WC2.

Design and style: This is completely new, neat and clean. The body is a black plastic moulding with a bright-metal top-panel trim. It is free of excrescences, words and symbols . . . nothing could be less frightening to the veriest snapshotter, which is the person for whom this camera, and the others in the series, is designed. It is rectangular in shape with all edges rounded and it will slip into and out of most pockets without catching. The introduction of these new cameras was first mentioned in *C&D* September 16, p 399.

Operation

Film transport and shutter setting, as well as rotation of the Magicube flash socket, are effected by a slider on the bottom of the camera body. The shutter release, which is very smooth, is a small disc on the top plate of the camera—in the normal way of holding the camera, the release is squeezed between first finger (on the release) and the thumb immediately underneath. The viewfinder, giving a field-of-view slightly smaller than life size, is particularly clear. The fact that it includes slightly less than the image obtained on the film is immaterial for this will help to avoid chopped-off heads.

The type of film and the number of the exposure are shown in a small panel in the hinged back of the camera: and there really isn't anything more technically to be said about it!

Performance: To anyone used to 35mm or even 126, this is almost incredible. Tests were made with the black-and-white material which is available, 110 cartridge Kodak Verichrome Pan 12-exposures, both indoors with flash and outdoors in bright sunlight . . . the film was developed in standard Kodak D76 developer and enlargements made on normal bromide paper. Except for care in processing and handling the narrow gauge (16mm width) material no special precautions were taken. A typical enlargement of the whole of the picture area is reproduced—in examining it allowance must be made for the printing screen which slightly degrades the quality of the original print. The size of the illustration is somewhat smaller than the larger size of colour enlargement offered ($6\frac{5}{8}$in × $4\frac{5}{8}$in) but bigger than the smaller size ($4\frac{1}{8}$in × $3\frac{1}{8}$in).

It is understood that processing lines have already been established to deal with this new format but the success of the whole simple system will obviously depend upon the quality of the D&P or colour-processing services which become available.

Presentation: Within an outer card sleeve (printed in the usual Kodak colours) designed to protect the product, there is a moulded plastic hinged-lidded box. The upper section is transparent and the lower is black. In the lower section there is another moulded liner into which the camera, a roll of colour film, a Magicube and the wrist sling are located individually. The instruction book lies on the top of the items mentioned and identifies the contents —when the hinged lid is thrown back, the same instruction book helps to make an interesting and easily identifiable display.

Although the instructions are quite clear they are cluttered up with a diversity of language versions. A simple single-fold card or sheet would be preferable it is felt : . . and possibly less expensive to produce.

Pocket Instamatic 100	
Film size:	13 × 17mm
Manufacturer:	Kodak Ltd, Kingsway, London, WC2
Distributor:	As above
Lens:	f/11, 25mm
Shutter:	1/60
Features:	Completely new system of sub-miniature cameras, films and projectors—intended for the mass and *not* the specialist market
Accessories:	None—Magicube socket built into the camera
Dimensions:	$4\frac{5}{8}$ × 2 × 1in (118 × 51 × 25·4 mm)
Weight:	3oz (75 g)
Recommended retail price:	£10·99

Photokina

As a footnote to these comments, at Photokina recently, this new simplified system of a "pocket camera" was introduced by the president of the Eastman Kodak Co, Gerry B. Zornow, to a gathering of international journalists and representatives of the photographic trade. It was received with acclamation—the whole scheme is probably one of the most important marketing concepts of recent years. It should help enormously to stimulate the "man-in-the-street" to take pictures and forget about photography, to carry a camera at all times and to enjoy using it without any problems or fuss.

Other manufacturers and distributors are already preparing to introduce cameras for the 110 format—it will now be up to the alert dealer to take advantage of the spade-work which has been done by the Kodak organisation.

Picture of actual enlargement from the Kodak Instamatic 100

KRONBERG SERIES

Test report

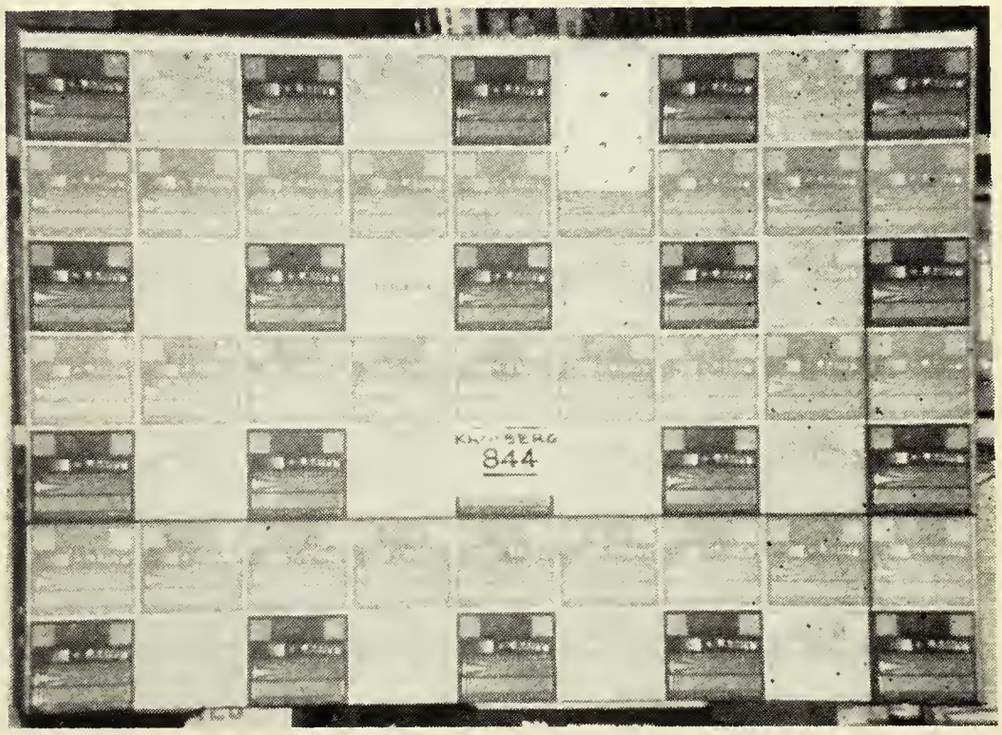
Kronberg 126 series: models 144-X, 344-X and 844-X. Made in Western Germany and distributed in Britain by Braun Electric (UK) Ltd, Mill Mead, Staines, Middlesex TW18 4UQ.

Design and style: This series is based on the use of the newer type of expendable flash-cube, the Magicube, which is mechanically ignited. Batteries are not, therefore, required for firing the flash, but are used only in the electronic model for power for the shutter control.

The shapes are basically rectangular with slightly-radiused corners; the body finishes have a black grained-leather effect with white and chrome trims on the Models 144-X and 344-X and brushed-silver on the model 844-X. These cameras were first noted in *C&D*, May 13, 1972.

About the cameras

Film-wind and flashcube rotation are effected by means of a slightly projecting milled-edge wheel which protrudes through a recessed slot at the top back right-hand corner of the body. The shutter release is immediately opposite to it and at the front of the body in the case of the two simpler models and on the top of the body in the case of the 844-X. All of them operate smoothly. The square viewfinder is placed at the extreme top left-hand corner (as seen from the back of the cameras). All of the cameras are fitted with a tripod bush—this is essential, of course, with the electronic model since the longest shutter-opening time is 18 seconds.



Reproduction of a test chart taken with the Kronberg 844 at 7ft using flash

Individual differences in the three Kronberg cameras are given in the tabulated notes arranged below.

Performance: The usual exterior and interior tests (the latter using a Magicube) were carried out with good results. In point of fact, a single cartridge of 126 normal panchromatic film was used in the three cameras (being transferred from one to the next, in the darkroom). The whole series of exposures was consistent throughout the length of the film, indicating that the shutter speed, fixed in the case

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The Kronberg Series of instant loading cameras

Model	144-X	344-X Automatic	844-X electronic
Film Size	126	126	126
Manufacturer	Balda-Werke, D-498 Bünde/Westf., Western Germany.		
Distributor	Braun Electric Ltd, Mill Mead, Staines, Middlesex TW18 4UQ.		
Lenses	Fixed-focus f/11	Fixed-focus f/11-22	Fixed-focus f/11
Depth-of-field	5ft to infinity	5ft to infinity	5ft to infinity
Shutters	Fixed speed 1/75 sec.	Automatically-controlled 1/75 sec.	Automatically-controlled from 1/300th second to 18 seconds
Features	Simplicity	Simplicity plus auto-exposure control	Simplicity plus auto-exposure control and warning indicator for insufficient light.
Accessories	Separate wrist strap, Carrying case included	Separate wrist strap, Carrying case included	Fixed wrist strap. Carrying case extra: £1.50
Dimensions	$4\frac{1}{8}$ x $2\frac{1}{8}$ x $2\frac{1}{2}$ in (102 x 51 x 64 mm)	$4\frac{1}{8}$ x $2\frac{1}{8}$ x $2\frac{1}{2}$ in (102 x 51 x 64 mm)	$4\frac{1}{2}$ x 2 x $2\frac{1}{2}$ in (114 x 51 x 64 mm)
Weights	5 oz (114 g)	6 oz (170 g)	7 oz (198 g)
Recommended Retail price	£6.99	£14.99	£27.99

The Christmas box that will be on the box this Christmas.

If you've sensed the demand for Polaroid Christmas gift sets, you'll already know this is going to be the best year yet for Polaroid camera sales.

Your best-selling line should be the camera we're featuring on the box. With 140 television spots in 3 weeks. Nationally. Starting November 27th.

It's the Super Swinger camera. At £7.30.*

We're also in the national press. In colour. Featuring the colour-capable Square Shooter 2. At £13.30.* And there is also the most versatile instant picture camera Colorpack 80, at £16.95,* which takes both colour and black and white.

And here's a gift idea for customers who already own the instant picture camera.

Polaroid Film. Type 87 black and white for less than a pound. Type 88 colour film at £1.59.*

Advertising will make the instant picture camera this year's most popular gift idea. And there's a whole range of products from which to choose.

Now it's up to you to put your customers in the picture.

Polaroid Instant Picture Cameras.

Polaroid (UK) Ltd, Rosanne House, Welwyn Garden City, Herts.
"Polaroid" and "Swinger" are trade marks of Polaroid Corporation, Cambridge, Mass., U.S.A.

*Recommended retail price.

Photonotes

Bright Lights competition

A free black travel bag and a chance to win a free trip to Munich during Carnival time next February is being offered by Wotan to retailers who place an order for their "Bright Lights" package. Inside each travel bag is 200 AG flashbulbs, 200 Type 1 flashbulbs, 50 M3 flashbulbs, 60 flashcubes and 18 Magicubes (£25.65), plus an entry form for the competition (The Valiant Electrical Wholesale Co, 20 Lettice Street, London SW6).

Colour albums

A new range of colour photograph albums specially designed for the amateur photographer is being introduced later this month by Spicer-Hallfield Ltd, 19 New Bridge Street, London, E.C.4, to mark their entry into the amateur photography market. The products are being marketed as consumer items—said to be a new strategy in the photographic album business—and are designed and packed to facilitate impulse purchase techniques.

Spicer-Hallfield, who claim they are the largest manufacturers of wedding albums in the UK, believe that with their new range of products they are taking a lead in meeting a new demand among camera owners, since market research has shown that the pre-World War II album craze in Britain is making a significant come-back, particularly with the enormous growth in holiday travel.

Included in the new range are albums to suit all requirements, from 3½ x 3½ in. to 10 x 8 in.

Instamatic replacement

Newcomer to the Instamatic 126 camera range is the Kodak Instamatic 56-X (£7·09) which is designed to replace the current Instamatic 55-X camera. The 56-X has all the features and styling of its predecessor, plus an automatic rotation of the Magicube after each flash exposure, instead of the magicube being rotated manually after each shot.

Kodak 56-X Instamatic

Other features of the Instamatic 56-X include the easy-load system with lightweight 126 film cartridges; a fixed focus 43mm f/11 lens giving sharp pictures from four feet; a single speed shutter of 1/60 second; built-in magicube socket; a spent bulk warning signal in the viewfinder and double exposure prevention. It will be supplied complete with wrist strap, 12-exposure Kodacolor-X film, Magicube and instruction booklet (Kodak Ltd, P.O. Box 66, Kodak House, Station Road, Hemel Hempstead, Herts).

Asahi Pentax club formed

Pentax owners in the UK now have their own club, the Asahi Pentax Club of Great Britain. Membership is open to anyone owning Pentax equipment and for an annual fee of £1·50 members will be eligible for a number of benefits. These include the quarterly Pentax magazine; camera check-over service; query bureau; club photo sessions and outings; group rates for camera insurance; club badges and ties are in preparation.

Asahi Pentax Photography published quarterly in colour, will contain product news, articles on technique, interviews with Pentax users, and picture gallery page where club members will be invited to send their prints for publication (and payment). Interviews with famous Pentax photographers will be featured, plus a round up of information on what's new in photography. The Asahi Pentax club is sponsored by Rank Photographic and will be run from their offices in Brentford. The full club address is:— Asahi Pentax Club of Great Britain, Rank Photographic, P.O. Box 70, Great West Road, Brentford, Middlesex.

Kronberg test reports

Continued from page 553

of the model 144-X and electronically-controlled in the case of the other two models, was also consistent.

The indication in the viewfinder of the model 844-X (by means of two illuminated symbols—a tripod-mounted camera and a flashcube) is quite sensitive and provides a positive warning to the user that there is insufficient light for an ordinary snapshot.

Presentation: Each camera is supplied in a thin plastic bag placed in a moulded expanded-plastic container (two-part in the case of the Model 844-X) over which a printed thin white card sleeve is slipped. The sleeves carry illustrations of the contents. The instruction sheets supplied with the test cameras are inadequate—of the "You joke me" kind of language—although it is understood that new proper English versions are in preparation. *C&D* considers it imperative that instruction sheets for simpler cameras should be explicit: they are almost as important as the cameras themselves. People coming new to snapshotting need to be reassured that everything is simple and not to be confused by unintelligible phrases. Simple diagrams are preferable to "wordage".

The three reproductions are from the centre of an 8x enlargement and are shown same size. Normal speed black-and-white film was exposed in the cameras placed on a firm support and the negative was developed in a standard developer. A "straight" enlargement was made on normal paper, simulating a whole-plate print

Comment

Sir Hugh's triumph

Pharmacy—not to say Parliament—is the poorer for Sir Hugh Linstead's absence from the House of Commons. On Sunday he took on, single handed, the task of convincing Pharmaceutical Committee representatives that a report many of them had come expressly to reject, was a worthwhile document—and he succeeded.

Further, Sir Hugh left the conference in no doubt that it was the profession's failure to propose viable alternatives that led his working party to conclude that the current NHS contract is, by and large, the best that can be devised for pharmacy under current practice conditions. He threw out the challenge to those present —"Continue our work today." But there came no new initiative from the floor.

Perhaps Sir Hugh took the conference by surprise—attack is often the best means of defence—when he argued that the frustration felt by contractors was due to the malaise of general practice itself, rather than a fault of the contract. He maintained that the contract is not the cure for that malaise.

But isn't it, at least in part? The idea of waiting for a government inquiry to decide and impose a fundamental change in practice is not attractive to the profession as a whole. Other professions, like pharmacy in the past, have evolved their own patterns of practice, consolidating progress periodically in Act of Parliament —which authority has been given only where the progress has been in the public's, as well as the profession's interest.

For many pharmacies providing an essential community service, it is the NHS contract that provides more than half the turnover. If the present contract does not ensure the survival of that service, no reply that "it's the best we can do" will suffice.

Perhaps one of the most telling points made at the conference was in relation to the "lay" evidence given to the working party. Each of the three witnesses —that there were no more was not challenged—was a "politician". We cannot believe that the working party could have failed to turn up evidence from communities deprived of pharmaceutical services had they but sought it. Nor should they have missed the demands voiced in local newspapers for out-of-hours dispensing facilities.

If enlargement of the working party does no more, it will undoubtedly ensure a remedy of the omissions. But this time the profession will not want to wait two years for the answers.

Sheer folly

The Labour Party has apparently now swung its full weight behind the principle of drug industry nationalisation—or at least State part-ownership—if Mrs Barbara Castle's statement to the Party's conference is to be believed (p. 532).

The Labour Government in 1967-68 was supposedly satisfied that the conclusions of the Sainsbury Committee were correct—that is, that there are no good reasons for nationalisation, that the industry is not suitable for nationalisation, that there is no clear evidence of benefit from government participation in the industry, and that in the creation of a government pharmaceutical concern the disadvantages outweigh the advantages.

Sainsbury made no attempt to whitewash the industry; indeed the report went further in some respects than even the Labour Government was prepared to go at that time—the abolition of brand names is an example of a recommendation Mr Kenneth Robinson rejected.

So we must assume the latest Party policy is doctrinal in origin, rather than one set against a background of the needs of the community and the country. This contention seems to be supported by the fact that a Labour study group has only just begun to look into the merits of nationalisation—a classic case of prejudging the issue?

The Socialist Medical Association is no doubt delighted to know that its policy on industry nationalisation is in line with that of the Party as a whole; we must hope that the Party will be more circumspect about the SMA's other policy—nationalisation of retail pharmacy!

Letters

Foreign exchange

Would your readers like to help international relationships? Would they like to meet a foreign pharmacy student in a working environment?

They can achieve both these by participating in the International Pharmaceutical Students' Federation student exchange scheme. There is a great need in this country for host places for overseas students who apply to come to Britain under the auspices of this scheme.

Being a host is quite simple—employ a foreign pharmacy student for between four and 12 weeks, usually during the Summer.

Anyone who thinks they can help should contact me for full details.

Linda J. Gordon,
Assistant IPSF Liaison Secretary,
281 Harrogate Road,
Moortown, Leeds LS17 6PA.

Thanks

I should like, through the columns of the *C&D* to thank all those who voted for me in the N.I. Council elections. I promise to work in the interests of pharmacists in all spheres of the profession.

Kathleen O'Rourke
Belfast

I would like through the courtesy of your columns to express my appreciation and thanks to all those who supported me in the recent N.I. Council elections.

I shall continue to further the interests of all the members of our Society to the very best of my ability.

T. A. Grey
Belfast.

Timely

I am in complete agreement with the views expressed by Iconoclast (*C&D*, September 30, p 470) regarding VAT, and I cannot understand the lack of public outcry.

The only logical thing about it would seem to be the date of its introduction. April 1.

K. W. Leigh
Coventry

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Professional News

The practice of pharmacy cannot be changed through the contract — Sir Hugh

Mr R. G. Worby, whose motion at the Branch Representatives meeting two years ago sparked off the search for a new contract

Dissatisfaction with the NHS contract stems partly from dissatisfaction with the way general practice pharmacy is organised and carried out—and some pharmacists hope to use the contract to remedy that basic malaise, Sir Hugh Linstead said in defending his working party's report before Local Pharmaceutical Committee representatives on Sunday.

But the situation had got to be dealt with against a background of the statutory basis of pharmacy practice in Great Britain —not on the basis of a semi-private contract between a Minister and individual contractors. The Government and Parliament had therefore to be persuaded to set up a commission or inquiry to see if pharmacy needed a better statutory basis.

Some of us would like to see an early start to this re-examination, said Sir Hugh, but the Government would not be willing because of the unknown effects of the Medicines Act, NHS re-organisation, and EEC entry. Pharmacy should make use of this time to decide how general practice could be brought closer to the desires of most of the representatives present.

Sir Hugh said it was a matter of great disappointment to the working party that they had been unable to find any proposals that would represent a "breakthrough" on the contract. It would have been reasonable to hope that such proposals would have become available from all the evidence submitted, but although some important points had been raised, it was no good going to the Minister with proposals that would not stand up to searching analysis.

Call for rejection

Having been warned by the chairman that they "could all go home" if they passed a motion rejecting the report, the conference heard Mr S. Blum, London, propose just that. He described the report as "a multiples' charter" which could only benefit those to whom giving a satisfactory dispensing service was of secondary consideration. The independents—the backbone of the NHS—were left to sink or swim. Seconding, Mr R. Jackson said the working party seemed to have been "brainwashed" by the three lay witnesses—Mr Kenneth Robinson, Mr Enoch Powell and Dame Elizabeth Ackroyd—but they did not represent the public deprived of pharmaceutical services. He could not believe that no germ of an idea for improving the contract—the reason for setting up the working party—had been presented.

Although other speakers were sympathetic to the aims of the motion, the conference was in a mood to discuss the report and it was rejected. Mr E. C. Evens, North-east London, congratulated Sir Hugh on at least uniting the profession in "a storm of protest." The report's recommendations were then considered and voted upon individually.

1. (a) That no steps be taken at the present time to move the Government to set on foot an inquiry into the future development of general pharmaceutical practice; and

(b) that discussions on this subject with the Department be confined to such limited arrangements for controlling the siting of pharmacies as may be required to meet the needs of the National Health Service in special areas.

By way of explanation, Sir Hugh warned against establishing general principles that could be used against general practice in the future. Mr M. Gordon, Leeds, said that although this may not be the time for a Government inquiry, a professional committee should be set up now to be ready to say what pharmacy wanted. Mr Evens believed the profession had nothing to fear from an inquiry now—and the "politically appropriate" time would never come. Mr J. V. Tapster, Hertfordshire, agreed there was no outside criticism of the pharmaceutical service—it was cheap, why should it be criticised? But the public had not decided whether it wanted a professional or a commercial service, and the pharmacist should have the choice of practising in either way.

Mr S. E. Morgan asked conference to realise the consequences of moves towards professionalism—more pharmacy closures and greater scope for government control. When the recommendation was put to the vote, (a) was rejected by 104 votes to 96, and (b) accepted. Sir Hugh took the feeling of the conference to be that the appropriate bodies should "get a move on."

2. If the general right of free entry into contract under the NHS enjoyed by every owner of a pharmacy since the National Health Insurance Act, 1911 is to be limited, it must be done by a clear statutory provision enacted by the operation of the full parliamentary legislative process. It should not be effected by ministerial rule or by a mere modification of the terms of service of contractors.

Until general legislative provisions have been enacted, the power to refuse entry into the Service should be restricted to areas where it is essential in order to assure a particular community of a pharmaceutical service.

Areas which might be declared "closed" might include an area of low population density or a housing estate of limited size capable of supporting one pharmacy but not more; or an area around a health centre served by a pharmacy jointly owned by a consortium of chemist contractors or adequately serviced by some other special arrangement.

The power to designate a "closed area" should not be exercisable solely in order to facilitate the enlargement of a pharmaceutical unit within a health centre.

The power should be exercised by an Executive Council acting on the recommendation of the Pharmaceutical Committee and should require the approval of the Minister in every case.

An applicant aggrieved by the refusal of an application for a contract or any person wishing to challenge a decision to close an area should have a right of appeal to a tribunal not previously involved in adjudicating on the question.

A similar right of appeal should be available to a Pharmaceutical Committee whose advice has not been accepted by an Executive Council.

Mr D. L. Coleman, Norfolk, and Mr H. J. Graves, Devon, wanted the restrictions also applied to dispensing doctors. Mr G. T. M. David, chairman of the Central NHS Committee, said the committee and the Society were in consultation with the Ministry on this intractable problem and "we do feel we're making a little progress at the moment." The recommendation was agreed.

3. That the whole of the overheads of the pharmaceutical section of an establishment, including the whole of the salary of the pharmacist should be attributed to the National Health Service in recognition of the fact that a pharmacy is standing by for service during the whole of its opening

Continued on p564

'No call for a professional negotiator'

Continued from p563

hours and not only while actual dispensing is being undertaken.

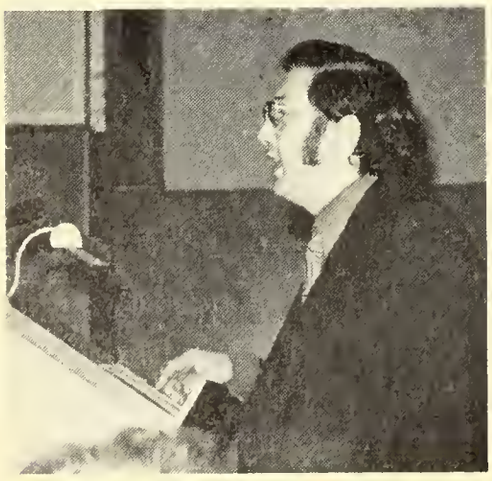
Sir Hugh referred to calls for the appointment of a "professional negotiator," but warned the conference not to look outside for some untried expedient—the negotiators were as good as were likely to be obtained in any other way. There were complaints that the remuneration was too complicated, but "the more you want out of it, the more sophisticated it's got to be." Sir Hugh also warned against a "retaining fee" for keeping a pharmacy open—it would open the door to "average" payments and there would be pressure to couple the fee with a minimum number of prescriptions.

Mr M. James, Essex could not see why pharmacists could not be paid for health education, giving advice on the NHS and helping with the Government's exemption scheme. He was supported by Mr R. G. Worby, Central Committee, who said the idea of a retaining fee had been canvassed by his North-east London committee. It was the small community pharmacy, unable to obtain a viable counter subsidy for the NHS, that needed help.

When Mr Jackson suggested that the negotiators' "expertise" was provided by the multiples, Mr David pointed out that the committee had access to the "enormous resources" of AIC, their professional advisers. The only advantage usually held by a professional negotiator was his power to use industrial action—"and we have set our face against this." The recommendation was approved unanimously.

4. That Pharmaceutical Committees be urged to review regularly, and in any case not less than once a year, the arrangements available in their area for enabling the public to obtain urgent medicines at times when pharmacies are normally closed; and that such review include a particular examination to ensure that general practitioners and the police are furnished with up-to-date lists of addresses and telephone numbers of pharmacists in the area likely to be available to provide service in an emergency.

Mr S. Blum—his motion rejected



Representatives vote on one of the working party's proposals

Discussion centred on the report's preamble to this recommendation, which included objection to reimbursement of contractor's overheads on the grounds that it was impossible to have separate accounting for each. Mr David said it was to the advantage of those who did the bulk of the dispensing that the overheads of high-cost units in town centres should be fed in to the remuneration calculations.

Mr H. Williams, Reading, referred to the success of a local out-of-hours scheme in which only doctors knew of the pharmacists prepared to give a service—and they called the pharmacist out. On a show of hands, the representatives were "evenly divided" on this recommendation, but immediately carried the next:—

5. The contract under the National Health Service Act should be, as at present, between the Executive Council and the proprietor of the pharmacy.

Central NHS Committee to include elected members

"This was a subject the working party felt should be thrown to the lions" said Sir Hugh when introducing a recommendation that a proportion of the Central NHS Committee should be elected by the chemist contractors.

6. That a motion along the following lines should be submitted to the conference of representatives of Local Pharmaceutical Committees—"That the Central NHS Committee prepare . . . a scheme to provide for a proportion of the Committee to be elected by the contractors, the scheme to take effect before 1974 when the new administrative structure of the Health Service comes into operation", it being understood that a vote against would be a vote for no change in the present arrangements.

Before the recommendation was adopted by conference, Mr Evens said that LPC's were the only bodies recognised locally by the Minister, yet they had no means of obtaining representation on the Central Committee. To get on it was necessary to be elected first to the NPU Executive and from there to the committee. Election by LPC's—which were representative of contractors, multiples, hospital and employees—would give the employee pharmacist some sort of representation on the Central Committee.

7. That renewed representations be made to the Department of Social Security pointing out the need to provide for patients receiving their medicines from doctors and from hospitals safeguards similar to those provided by the Drug Testing Scheme for patients receiving their medicines from pharmacies.

8. That the Central NHS Committee appoint a working party to study the arrangements for the supply of oxygen under the National Health Service to domiciliary patients with particular reference to (a) training facilities for new suppliers; (b) the desirability of arranging a separate contract; and (c) the basis and level of remuneration of the supplier.

Both were agreed, but recommendation 9 led to an even division of opinion, Mr David explaining that there were courses already available for this specialised work.

9. That the Pharmaceutical Society be invited to suggest to its regions the desirability of organising in appropriate areas, and where possible in conjunction with an educational institution, short courses of instruction in the knowledge and skills needed for the supply of the appliances described in the Drug Tariff.

The next three recommendations were agreed:

10. That a four-week annual leave period be used in calculating the cost of a locum in the overheads of a contracting pharmacy.

Continued on p566

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Marigold margins are very generous as you know – now there can be even more cash for you in an exciting and skilful competition featuring the Marigold banknote shown here. Mad Money entry forms will be distributed by our representatives until 22nd December. One entry form will be given for every dozen Marigold gloves displayed and for every two dozen ordered after our representatives visit. Entry forms should be received by 6th January 1973. Prizes will be distributed from 15th-31st January 1973. Look out for Marigold Mad Money – and cash in on your displays.

LR Industries Ltd., North Circular Road, Chingford, London E4 8QA.

Discounting charge is rejected

Continued from page 564

11. That a pharmacist who is a contractor and who wishes to do so should be able to have the superannuation element in his remuneration deducted and paid into an approved superannuation scheme or other approved arrangement chosen by him.

12. The possibility of both sides agreeing to submit a difference of opinion to arbitration should be written in to the contract.

But the final recommendation was rejected:-

13. The discounting of net ingredient costs should not be based upon the numbers of prescriptions dispensed in an establishment but on the total net ingredient cost of those prescriptions.

Mr David said the system could be ended "if you can persuade manufacturers to stop discount parcels." So long as they remained, the Ministry would want its share. Mr Evens thought the Central committee and the Society could bring pressure to end the parcels.

Call for re-examination

Proposing that the evidence submitted to the working party should be re-examined, Mr J. Williams, on behalf of Bedfordshire, Buckinghamshire, Essex, and Hertfordshire Pharmaceutical Committees, said the report could have been a "blue print" for general practice if the evidence had been assessed correctly.

The report did not reflect the opinions or aspirations of contractors, but it would be taken by the Department as a pattern for the future. The joint motion proposed that the working party should be reconstituted with the addition of a contractor from each of the Pharmaceutical Society's regions "to seek fresh evidence, to reconsider the opinions already considered, and to make recommendations reflective of the evidence recorded and in line with the views of the general body of contractors." (The motion originally included a rejection of the report, but this was later dropped.)

Mr M. James, seconding, said the working party had built a foundation but not a superstructure. Pharmacy existed to serve the patient, so why had only three lay witnesses been approached? Where were the views of the political parties? Dr Dunwoody had spoken about elimination of the "profit motive" at the Labour Party conference, and a Conservative candidate had said a town of 25,000 population needed a pharmaceutical service till 9 or 10 pm.

Mr Evens hoped that the message would go back to the Minister that "at long last the chemists mean business." There was no time to set-up another working party, but the Central Committee should be instructed to re-examine the evidence and report back within four months. This amendment was narrowly defeated.

Mr E. C. Evens

Sir Hugh replied that it would be no good asking the Government to legislate on a "pharmaceutical" inquiry—and he did not believe it possible for pharmacy to give evidence to a government one "even if it were set up tomorrow."

The motion to expand the working party was carried to applause.

How can we produce a report without stating the pharmacist's right to dispense? That question was asked by Mr Coleman who proposed a Norfolk motion deploring the apparent overlooking of rural pharmacy's problems. Rural pharmacists wanted to be colleagues with their doctors, but if it was difficult for patients to obtain medicines, that was a pharmaceutical, not a doctors', problem.

Mr David said the reason for lack of success on rural dispensing was that it hit doctors' pockets, and it had not been possible to persuade the Ministry to recoup them in any other way. The motion was carried.

Mr David also undertook to provide a percentage breakdown of contractors' remuneration so that they could see what each of the "factors" represented in money terms.

Summing up, Sir Hugh said he had no complaint about the way the report had been received—and enlarging the working party would be an extension of the "educative process," he added with a smile!

NI annual meeting adopts fellowship proposal

Two new by-laws were approved by the Pharmaceutical Society of Northern Ireland at their annual meeting held in the Society's house on September 28. The by-laws mean that the Council can now designate fellows of the Society.

The new by-laws are:

☐ The Council may designate as fellows of the Society such members of the Society of not less than ten years' standing as in the opinion of the Council have made outstanding original contributions to the advancement of pharmaceutical knowledge or attained distinction in the science, practice, profession or history of pharmacy.

Designation under the preceding by-law shall take place only at the June or December meeting of the Council in any year. Members designated as fellows of the Society shall be so designated only so long as they remain members.

The meeting, chaired by the president, Mr W. T. Hunter, heard that the pharmacy at Craigavon established by the profession was now almost viable. The pharmacy had incurred a loss of just over £1,000 during the year ended March 31, 1972. It was hoped that the loss, if there was one, for the present year, would be negligible.

Mr Hunter said the year past saw the establishment of the Department of Pharmacy at the Queen's University of Belfast, and the appointment of Professor D'Arcy to be one of the University's two representatives on the Council. It was hoped that as many members as possible would attend Professor D'Arcy's inaugural lecture on "Drugs and Society" to be given on March 7, 1973.

The Council have accepted an invitation from the Council of the Pharmaceutical Society of Great Britain to send two observers to the meetings of their EEC committee. The president and secretary had attended a number of these meetings and also the meeting in Brussels when Mr J. P. Kerr, president of the Great Britain Society signed, on behalf of the United Kingdom, the Convention establishing the EEC Pharmacy Group.

Referring to the restructuring of the personal health and personal social services and the series of meetings held throughout the Province during March and April, Mr Hunter said Mr W. S. Hall, chairman of the Local Pharmaceutical Committee, was to be congratulated on the lucid manner in which he explained the proposed changes. He hoped that pharmacists would be forthcoming who were willing and able to act on the various boards and committees. The indications were that a pharmacist would be included in the membership of each area board.

While on the subject of the health services he said he had some misgivings about the suitability of the present pharmaceutical rota service in Belfast. The Council had maintained that the pharmaceutical service should be provided only by pharmacists. This was not consistent with a rota service from 6 pm to 7 pm. He appreciated that present conditions in Belfast were not normal and pharmacists were anxious to finish the day's work as early as possible but pain came at all hours of the day and night. The members of the medical and pharmaceutical professions should work for the benefit of the patient. It might not be out of place to suggest that health authorities when discussing the siting of group practices and health centres would also bear the convenience of patients in mind.

Council report, page 576

HOMEBREW '72 EXHIBITION

The Homebrew '72 exhibition to be held at the Horticultural Hall, Westminster, London, from October 14 to 20 will be open to both the trade and public. There is no admission charge for trade.

Pure French concentrated grape juices from Languedoc, southern France, will be the main products on the stand of Vinopak, 29 Edburton Avenue, Brighton BN1 6EJ. They have simple instructions to make red, white or rose wines and the juices are guaranteed to be free of preservatives, colouring or additives of any kind. Also on the stand will be Vinopak French apple concentrate. Each can contains sufficient to make 2 gallons of wine or cider. In addition Vinopak will show a less expensive bottled range of grape juices from Italy.

Wigan Richardson & Co, 75 Borough High Street, London SE1 1NT, are showing in the name of their subsidiary Edward Strauss & Co (Hop Merchants) Ltd. Several samples of different varieties of English hops, hops from other countries (Europe and America), English hops made into pellets, English hops in 1 lb and ½ lb packets and also hops in powder form.

To be displayed by Master Brewer and Winemaker (Marketing) Ltd., 58 Frodsham Street, Chester, is a dry concentrate for making beer in a single dry powder. The pack measures 2½ x 2½ x 8in, weighs approximately 18ozs (16ozs of powder) and will make up to five gallons.

The interior of an old fashioned Yorkshire "pub" will form the basis of the stand of Carter Bros, Glen Laboratories, There will be "special offers" to the trade. Emphasis will be given to a new range of canned ales—bitter, lager type, brown and mild and to every purchaser a half pint dimple beer glass will be given free.

Woolloton, Pike, Barrett & Co, 88 Borough High Street, London, SE1, wholesale suppliers, will be exhibiting a wide variety of hops in sizes from 175lb "packets" to 4oz packets of compressed hops.

To be shown for the first time by Itona Products Ltd, Leyland Mill Lane, Wigan, are 2lb packs of white invert sugar. Other products include Kwoffit ale, Hopmol isomerised hop extract and Itona CA (controlled analysis) malt extract.

Hop merchants—Gebrueder Hesselberger, 15 Kingsway, London, WC2B 6YL, will display a wide range of hops from various regions.

The Tom Caxton range of home brew kits will be shown by Reckitt and Coleman. These will include the two latest flavours —a pale ale and a brown ale.

Merrydown Wine Co, Horam Manor, Heathfield, Sussex, will be showing their two new Martlet apple and mead home winemaking packs on the stand of Master Brewer and Winemaker. The two new concentrates are marketed under the joint Merrydown Martlet label.

A new Spanish grape concentrate known as Wintersun will be shown by Brew It Yourself Ltd, 135 Upper Street, London, N1. The grapes are from selected vinyards in the La Mancha area (white concentrate) and the Valencia area (red and rosé). The white grape type is Airen while the red and rosé types are Boval and Royal respectively. The concentrates are guaranteed free from any "additional colourings, flavours or bleach" but are said to have a small amount of SO_2 present as a preservative. Other products to be shown include the Brukeg pressure container, Binkit polythene fermentation vessels, Duplex CO_2 injector-dispenser and the Minibalance for measuring small quantities of solids or liquids.

Edme Ltd, Mistley, Manningtree, Essex, suppliers of malt extracts for over 50 years will be showing their range of products for the home brewer. These include hopped lager wort, DMS ready hopped SFX, Super Flavex, concentrated barley wine wort, hopped concentrated stout wort and dried yeast.

Included on the stand of Home Winecraft (Leicester) Ltd, Slate Street, Leicester LE2 0SP manufacturers and distributors of home beer and winemaking equipment and ingredients, will be the Beerometer—a new beer bottling time hydrometer. Also on display will be the Firkin dried beer kits. Their new pricelist will be available at Homebrew '72.

The Geordie range of home brew kits made by Viking Brews Ltd will be shown on the stand of Heenau Products, 47 Brookside Crescent, Upton, Wirral, Cheshire. There are 11 kits.

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Sole agents for the MINI-BALANCE (£1.50); all plastic, *accurate* from 1g. or 1/20th oz. (dual scale), wash under tap, measures fluids ½ to 4½ oz. to 10 to 125 c.cm. Also for dieters, amateur photographers, etc. Sole distributors for WINTERSUN grape juice concentrates and fruit purees for winemaking, guaranteed pure.

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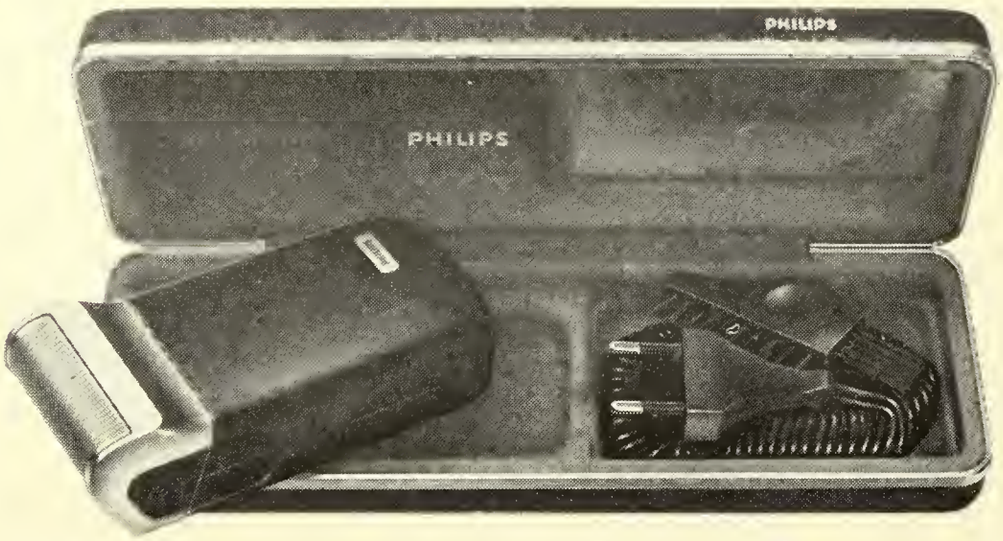

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It gives a very close, very comfortable shave for the man who feels the foil headed shave is the one he's looking for.

The recommended price is £13.25. In the luxury price bracket – but then we think a technically perfect shaver that feels solid and shaves comfortably close is worth the extra money.

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The campaign you see detailed opposite will cover 80% of the target market (ABC1 men) throughout the country. And each man will have more than 6 opportunities-to-see the advertisement. So the total gross impacts will be a huge 66,800,000 opportunities.

PUBLICATION	DEPLOYMENT October 23	October 30	November 6	November 13	November 20	November 27	December 4	December 11
Sunday Express				●		●		●
Sunday Times		●	●		●		●	
Observer Colour Magazine	●		●		●		●	●
Radio Times		●		●		●	●	
Weekend Telegraph	●		●			●		●
Punch		●		●			●	●
Country Life			●		●		●	●
Illustrated London News		● (Nov)			● (Dec)			

PHILIPS

We want you to have the best.

Open Shop

by E. C. Tenner

Co-operation lacking

I notice the format of the reverse side of form EC10 has been revised once again. I refer, of course, to the declaration of exemption from paying prescription charges. This is the second time the format has been revised, in the hope, I would think, that the completion of the declaration will be made easier for the patient and consequently help the pharmacist in this irksome duty of ensuring forms are correctly filled —a duty which was not of our seeking.

It is certainly required, for I find many of my customers fail pathetically to complete the form, offering various excuses for their omissions. They do not have a pen. Others have left their spectacles at home! Some show an appalling ignorance of what is required of them. I find there are those who, seeing a place for a signature, blithely sign their name and indicate no reason for claiming exemption from paying the prescription charges.

On questioning, which I feel under these circumstances you must do, you find they do not qualify for exemption from paying the charges. On one occasion being presented with an EC10 duly signed on the reverse, but the relevant "box" not ticked, I found on inquiry that the patient thought she was exempt, on the grounds of being a "nursing mother" (her own words). Asking "how old was the child—she replied, 12 years".

More publicity required

Is it not time for the Department to publicise once again the necessary details of the categories of patients who qualify for exemption? To further complicate the situation there are, of course, the two hoary chestnuts—children over 15 years but still at school, and women over 60 years but under 65. Both cause resentment and a feeling of unfair treatment.

I see also on the new form the request for completion of the declaration before going to the chemist is printed in much bolder type than on previous occasions. I wonder whether the Department's staff realise that most patients come straight to the pharmacy after visiting the doctor. Thus in many cases the declaration is not completed. A pen is required, instructions have to be given, and so it goes on. I find this frustrating, time-wasting and particularly irksome, especially during heavy dispensing periods. I do not suppose that I am alone in experiencing these frustrations and my sympathy goes to those pharmacists who serve a large illiterate population.

Whilst the new revised form is an improvement on the previous two, I am sceptical that it will bring about an easing of the situation. Have the Department's officials who design these forms ever thought of using a different colour of ink to highlight the relevant directions? However, all these complications would have never arisen if the doctors had accepted the simple procedure of two different coloured forms, one for exempt from charges and one for charges paid. They know their under-15 and over-65 patients, and I am sure they know their patients who fall into the other categories.

I know all this has been raised before, but I am amazed at the lack of co-operation doctors show in working this scheme —let the pharmacist do it—we do not want to know!

This, of course, is not an isolated occasion. We find it again with NP labelling where doctors were not even prepared to print two letters NP on their prescriptions —it had to be printed for them.

This brings me to my final point. The president of the Pharmaceutical Society in his opening address at the recent British Pharmaceutical Conference highlighted the danger of the vast quantities of medicines lying around in people's homes. He quite rightly suggested that to minimise this danger of accidental or intended poisoning doctors be asked to prescribe no more than one month's supply at a time.

All of us can see the sense of this, for are we not appalled at the vast quantities of drugs being prescribed? I hope Sir Keith Joseph, who heard the president's appeal, is also appalled and appreciates the inherent dangers which Mr Kerr pointed out.

When the Secretary of State addressed the Conference he "expressed his gratitude on behalf of the Government for the great range of co-operation and mutual understanding that existed between the Department and Health Services and the Pharmaceutical Society". Here is an opportunity for Sir Keith to heed the voice of the profession and implement this request of no more than one month's supply of treatment at one time. Dare he issue such a directive to the GP's? I wonder!

10 good reasons for displaying new look Tubifoam...

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...and here's 10 more!

Zonal centrifugation

by Dr F. E. André, N. V. Philips-Duphar

A new purification technique arising from US Atomic Energy Commission research and development is now being applied on industrial scale for the production of influenza vaccine.

Sedimentation of particles by centrifugal force is a well-known laboratory procedure and it is possible to separate particles with different sedimentation rates by "differential" centrifugation. In this technique purification from a mixture is achieved by a judicious choice of centrifugal force and centrifugation time which makes possible the recovery in the supernatant, of the particles with the lowest sedimentation rate.

Heavier particles will sediment faster and collect in a pellet at the bottom of the centrifuge tube. These can be further separated by repeated resuspension of the pellet and re-centrifugation. This procedure is not only tedious but also inefficient as all particles originally present in a homogeneous mixture in the tube will be found in the pellets to some extent.

Contamination problem

Thus recovery will not be complete and only particles with the lowest sedimentation rate can be cleanly separated from other particulate matter. Contaminating substances, such as extraneous protein, which are in solution cannot be removed from particles in suspension except by repeated pelletting and suspension in a clean fluid such as saline.

In spite of the objections to differential centrifugation outlined above, the availability of large continuous flow centrifuges of the Sharples-type has made the industrial production of acceptably pure virus vaccines practical and until recently "Sharples" centrifugation was the method used for concentrating influenza virus particles from large volumes of virus-containing egg allantoic fluid.

Large scale production of virus for inactivated vaccines is currently carried out by manufacturers in embryonated chick-eggs. It has been known for some time that zonal centrifugation was preferable to differential centrifugation for purification but this was practical only on a small scale. That was until the development of high-capacity continuous flow zonal centrifuges in the USA by the Atomic Energy Commission national research institutes and industry. Zonal centrifugation can now be used on an industrial scale.

Separation of particles by the technique depends upon differences in their buoyant densities and in "isopycnic" (meaning "equal density") separation; sedimentation rates are not relevant except for their influence on the time taken to reach equilibrium.

At equilibrium, isopycnic banding of all particles with the same buoyant density occurs at a point where the centrifugal force on the particles is exactly balanced by the flotation force on them. Thus in a density gradient particles will concentrate in narrow bands according to their respective buoyant densities. Clean separation of all the particular elements of a mixture can thus be achieved. It is fortunate that viruses, including the influenza virus, have characteristic banding properties which make it possible to recover them free from contaminating particles in regions which have been described as "virus windows".

The term "zonal" is applied in this context since different fractions of a mixture will move through the density gradient in which it is being centrifuged as definite zones. Density gradients can be made with different substances. They are stabilised and can even be prepared by centrifugal forces. For various reasons sucrose density gradients are preferred for the preparation of influenza virus vaccine.

High efficiency

In industrial production of the vaccine a sucrose gradient is prepared in a cylindrical rotor and virus-containing allantoic fluid previously clarified by a low-speed centrifugation step is continuously fed through the centrifuge rotor while it is rotating at 35,000 rpm. At the flow rate used most of the virus particles are trapped and eventually band in the gradient thus giving a high efficiency of recovery.

The protein containing suspending fluid flows through as the supernatant and towards the end of the centrifuge run, when up to 120 litres of allantoic fluid has been centrifuged, the remaining fluid is washed out of the rotor. After the rotor comes to rest its contents are collected as fractions and those corresponding to the virus band are used to prepare the vaccine. Thus in one step the virus is separated from all contaminating components and concentrated.

A purer vaccine

Influvac marketed by Duphar Laboratories Ltd for the 1972/73 season will be purified by this new technique. One of the advantages of this method over the traditional Sharples technique is the preparation of a purer vaccine which can be expected to have fewer undesirable side-effects. In addition possibly deleterious "wall effects" on the virus during pelletting are avoided since it is not sedimented by a high centrifugal force against the rotor wall as in the Sharples method but gently floated in a gradient. From all points of view the use of zonal centrifugation is a significant advance in the preparation of influenza virus vaccine.

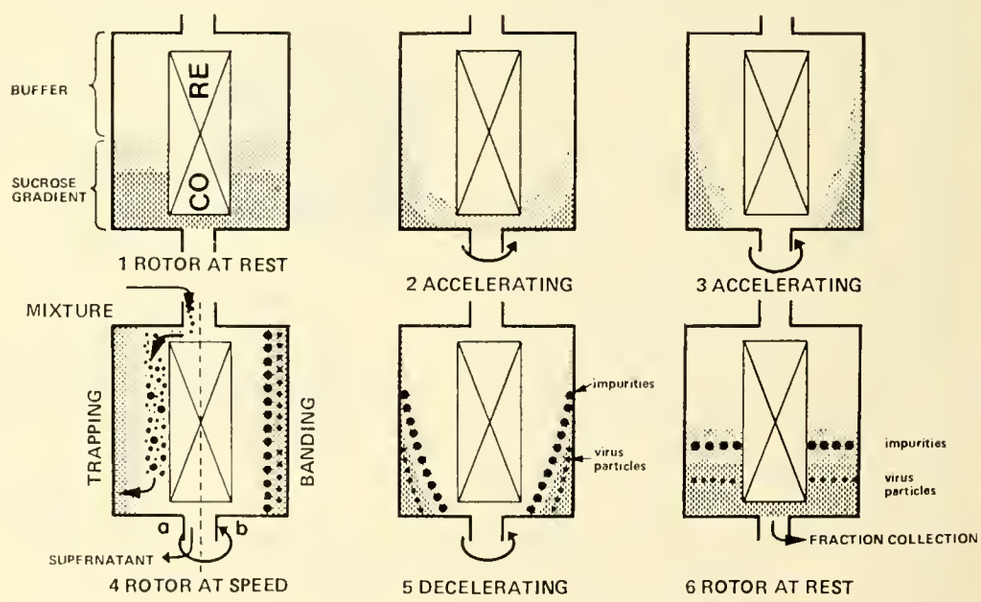

Diagram of the separation of particles by continuous flow isopycnic banding in reorientating sucrose gradient. 4 shows trapping, and banding, of particles in vertically orientated gradient respectively.

Society's Council urges action to warn of paraquat dangers

Urgent action to ensure that all school children and agricultural workers are made aware of the dangers of paraquat is being urged by the Pharmaceutical Society of Great Britain.

Concerned at the number of accidental deaths paraquat has caused in the past ten years—70 people have died—the Society's Law Committee reported to last week's council meeting that in most cases the deaths were the result of the victims drinking the poison from soft-drink bottles into which it had been poured from larger containers.

The manufacturer, it was reported, had put extensive warning labels on paraquat containers and spent a large sum of money on research in an attempt to find a suitable antidote. The Committee recommended that a letter should be sent to the Department of Education and Science urging that school education programmes should include advice and warning of the danger of poisons in the home, and that a letter should be written to the National Farmers Union drawing the attention of their members to the dangers, and to the way in which cases of paraquat poisoning occurred.

Child-safety warnings

The Practice Committee agreed to ask pharmacists to include appropriate child-safety wording on dispensing containers. At a recent inquest on a two-year-old child who had died after swallowing tablets prescribed for his mother, a hospital consultant had criticised the labelling of the dispensed medicine because it had not included any cautionary wording about the need to keep medicines out of reach of children. The coroner had agreed with the comment made by the consultant.

The general practice subcommittee was not convinced that the inclusion of such wording would serve any useful purpose. However, it was felt that in view of the criticism which had been made and as there did not seem to be any disadvantage in including appropriate cautionary wording, a general recommendation should be issued to pharmacists that wording indicating that "for safety's sake medicines should be kept out of the reach of children" should be incorporated in the labelling of dispensed medicines either as a separate label or in the printed text of the normal dispensing label. The Practice Committee accepted the recommendation but felt the wording and the question of a separate label should be left to individual pharmacists. It was recommended that companies engaged in the printing of dispensing labels should be informed of the Society's recommendation to members.

The committee recommended that the Secretary for Social Services should be pressed for an early statement of his Department's policy on the supply of oral contraceptive tablets under the National Health Service and that the British Medical Association should be informed of the Society's view that the supply of oral contraceptives for social purposes should form part of the normal supplies issued under NHS general medical and pharmaceutical services.

It was noted that arrangements for the printing of drug interaction warning cards for aspirin were proceeding satisfactorily and initial supplies were likely to be distributed to pharmacies late in October.

Health Council appointment

It was noted with pleasure that from January 1, 1973, the membership of the Health Education Council would include a pharmacist. This was a matter on which representations had been made by the Society since the Council was first established.

Draft regulations for the data sheets which manufacturers would have to supply under the Medicines Act 1968 were discussed. It was recommended that the Society's views about the need to include information about diluents in data sheets relating to human medicines should again be communicated to the Department of Health.

The chairman of the Law Committee, Mr J. E. Balmford, reported that a pharmacist had informed the Society that he proposed selling Part I poisons by post. The pharmacist had been advised that the Society was opposed to the promotion of a postal business in medicines. It was noted that the question of postal sales was also being considered under the Medicines Act. Mr Balmford pointed out that the Society was aware of the need for postal sales of medicines to people living in remote areas and therefore a total ban on such sales would not be desirable. The view was expressed that where the pharmacist knew the recipient either as a reputable business associate or personally, little harm was likely to arise from what was in other respects an unsatisfactory practice. It was resolved that the Society's views should be made known to the appropriate Government department.

It was reported that a pharmacy had made sales to a limited liability company wholly owned by a young unqualified person who was in fact obtaining a variety of poisons including amphetamines for private purposes, using the company as a "front". The person concerned had been prosecuted. It was recommended that a letter should be sent to the pharmacy concerned expressing concern that scheduled poisons should have been supplied in that way.

In the current year, 748 students had graduated from British schools of pharmacy (excluding Northern Ireland), reported the chairman of the Manpower Committee, Mr A. Roxburgh. That was an increase of 60 over the preceding year. The increase had been due partly to a higher intake in 1969 and partly to a decrease in the gross "drop-out" from 22 per cent in 1971 to 18 per cent in the current year.

The Organisation Committee wholeheartedly endorsed a comment by the chairman, Mr A. Howells, that the 1972 Conference in North Staffordshire had been an outstanding success. The Conference subcommittee for 1972-73 would be made up of Mr Howells (chairman), Mr A. Aldington, Miss M. A. Burr and Mr K. A. Lees.

It was decided that the procedure for Council comments which had been followed at the 1972 branch representatives' meeting should be adopted at subsequent branch representatives' meetings. The procedure was that: "Council comments would only be given immediately after the motion was proposed and before the debate, when the comments dealt with the financial, legal or charter implications of the motion, or when new information of a factual nature has become available since the January meeting at which the motions were clarified. In all other cases, when Council has a comment, the meeting will be asked, after the debate and before the vote is taken, whether it wishes to hear it."

It was reported that the 1973 conference of the British Pharmaceutical Students Association would be held in Sunderland, April 14 to 18. It was recommended that the President and Council should give a reception to the BPSA conference on the evening of April 15.

Birdsgrove House would be closed for two weeks over the Christmas period, it was reported. It was recommended that Christmas gifts of money should be made to annuitants and persons receiving grants from the Benevolent Fund and to dependant children.

Excessive prescribing discussion

The pharmaceutical session at the Royal Society of Health Congress 1973 would discuss "Excessive prescribing and its social consequences", it was reported. The speakers would be Mrs E. Hughes (a general practice pharmacist), Dr W. R. L. Brown and Dr Peter A. Parish.

It was recommended that the Pharmaceutical Society should apply for membership of the European Industrial Pharmacy Group (GPPIP).

Equipment

Giant price markers

Meto, the marking systems Division of Dymo Ltd, Pier Road, Feltham, Middlesex, have added two giant impact labellers to their range of price marking tools—the Meto 105 and 108. Both provide giant size print on a large label, but in addition to the price it is possible on the Meto 108 to print open date coding, inventory control or VAT percentages.

First public fellowship ceremony in Dublin

An historic ceremony took place in the College of Pharmacy, Dublin, on October 3 when Fellowships of the Pharmaceutical Society of Ireland were conferred on 12 pharmacists—marking the first public conferring on such awards in the 97 year old history of the Society.

Those honoured were: Mr Philip A. Brady, T.D.; Mr Maurice L. Cashman; Mr James G. Coleman; Mr Hugh P. Corrigan; Mrs Johanna P. D'Arcy; Mr Alexander Herriott; Mr Thomas R. Miller; Mr Christopher S. O'Connor, Mr Richard Purcell, Sister Mary Berchmans Roche, Professor Richard F. Timoney and Mrs Marguerite Toomey.

A former president of the Society, Mr Brady has been a member of the Dail for the past 21 years. A member of the management committee of Irish Public Bodies' Mutual Insurance Co, he is a member of the board of the Meath Hospital, and is a former Lord Mayor of Dublin. First elected to the council of the society in 1928, he was president from 1948-1950 and was president of the Irish Drug Association in 1939-'40.

Mr Cashman was a member of Dublin Corporation for 12 years and an alderman from 1955-1960. A member of the Society since 1956, he was president in 1966-'68 and as chairman of the Health Services' Committee played no small part in arranging the terms under which pharmacists are now participating in the Health scheme. He has also compiled an important report on the economics of pharmacy which is regarded as a blueprint in shaping the future of the profession.

Mr Coleman has been registrar of the Society since 1947. He was called to the Bar four years later. A one-time lecturer in Institute of Science and Technology, Dublin, he has participated in every important pharmaceutical activity for the past 25 years.

The father of the council, Mr Corrigan served as president in 1958-1960 and has been pharmaceutical representative on the Eastern Health Board and a member of the Poisons' Council since its inception. Possessing an extensive knowledge of Pharmacy Law and Poisons' legislation he was a founder member of the newly-established Pharmaceutical Union. In all his years on the Council he has had the unique record of having been absent from only two meetings.

A hospital pharmacist for 30 years, Mrs D'Arcy has held a number of offices on the Committees of the Hospital and Public Pharmacists' Association and the Irish Pharmaceutical Association. A lecturer in the College of Pharmacy from 1948-1952 she is currently lecturer on drugs to nurses at Temple Street children's hospital.

Mr Herriott has been a member of the executive committee of the IDA for a number of years and was president for the past two years. A member of the Committee of Cork City and County Pharmacists' Association for 14 years, he is also a member of the Health Services' Committee and a founder-member of the Pharmaceutical Union.

Mr Miller has been a member of the council since 1956 and was president in 1968-'70. One of the key men in the formation of the new Union, he has been a member of the Health Services' Committee and has also served on the committee of the Irish Pharmaceutical Association. A member of Bord na Radharcmhastoiri, he is a past-president of the Association of Ophthalmic Opticians and its vice-president.

Mr O'Connor has been on the teaching staff of the College of Pharmacy since 1947. He has established many medical plant projects to pioneer commercial crops of herbs, principally belladonna and peppermint. Technical advisor to the fine chemical division of the Irish Institute for Industrial Research and Standards he has written numerous papers of pharmacognostical interest.

Mr Purcell was manager of a community pharmacy for many years before taking up his present position as editor of the *Irish Pharmacy Journal*. He has represented pharmacy employees on the pharmacy branch of a trade union and is a keen botanist. For a number of years he has been on the post-graduate education committee.

Sister Berchmans is bursar-general to the Medical Missionaries of Mary in Drogheda for the past 22 years and is assistant to the foundress. She played a leading role in the development of pharmaceutical services in the International Missionary Training Hospital and in missionary hospitals in Asia, Africa and South America. She is presently serving as a hospital pharmacist in Malawi, East Africa.

Professor Timoney has been Dean of the College of Pharmacy and a member of the staff since 1944. He is also a member of the council of the Pharmaceutical Society and a member of Comhairle na Nimheanna, and is also on the National Drugs Advisory Board. A Fellow of the Institute of Chemistry of Ireland and a Fellow of the Royal Institute of Chemistry, he has been guest lecturer at overseas universities and is author and co-author of 18 scientific and professional publications.

Mrs Toomey has been a hospital pharmacist for over 20 years. A founder-member of the Association of Hospital and Public Pharmacists' Association, she is a former chairman. She organised a system of drug control for hospitals now to be found in many institutions. She has negotiated on behalf of hospital pharmacists with the Department of Health, the Hospitals' Commission and the Federated Union of Employers. She is a lecturer to nurses in Mercer's hospital, Dublin, on the pharmacology of drugs.

At the official conferring, the president of the Society, Mr R. J. Power, in presenting the parchments, stressed that it was the first public occasion on which the Society had bestowed on its members the highest award of which it was capable. He said that an intensive examination was carried out by a special committee of the Society before the recipients were selected, and explained that it had been agreed by the committee that only names of people selected unanimously would be put forward.

The 12 people concerned had been accepted unanimously by the general body of pharmacy as being worthy of meriting the award. They came from various fields of pharmacy and the committee felt that the contribution of each fellow-designate was such that it merited the highest award which lay within the Society to confer on them. He considered himself privileged as president to preside on such an auspicious occasion.

No Young scholarship

At the meeting of the council of the Pharmaceutical Society of Northern Ireland, held in Belfast on September 21, it was reported that there would be no applicant for the C. W. Young Scholarship this year. Professor D'Arcy said the scholarship was awarded last year to Mr C. S. Harpur, who had now been offered a grant of £1,800 over a period of two years by the Wellcome Trust to continue his research on the ototoxicity of drugs.

A letter from the Pharmaceutical Society of Great Britain was read stating that a supply of the aspirin warning cards would be available early in October and asking about the arrangements to be made for cards to be sent to pharmacies in Ulster.

The application of John McGarrity, Clogher, co Tyrone, for registration as a pharmaceutical chemist was granted. Mr McGarrity holds the qualification of the Pharmacy Board of Victoria.

A report of the structural alterations to the committee room which the local pharmaceutical committee propose to redecorate and name the H. W. Gamble Room was received and approved.

The report from the education committee included a recommendation that the applications of four graduates for registration as students be granted. The report was adopted together with that from the finance committee.

Mr Gray, honorary treasurer, presented his financial statement for the year ended July 31, 1972. Income at £1,434 exceeded expenditure by £464. Mr Gray drew attention to the fall off in the amount received from retention fees and to the increase in the amount spent in travelling. He said attendances at EEC committee and pharmacy group meetings were responsible. The accounts were adopted.

CONFERENCE OF

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ANNOUNCEMENT

All members will be changing imperial dimensions of Drug Tariff plasters to metric during the period OCTOBER to DECEMBER 1972. Members will advise their customers at the appropriate time, but a complete summary of the proposed sizes for all plasters including "Drug Tariff" items is shown below.

(A) WIDTHS OF TAPES (Rigid, Elastic, Waterproof)

Imperial	½	1	1½	2	2½	3	4 inch
Metric	**1·25**	**2·5**	**4**	**5**	**6**	**7·5**	**10 cm.**

(B) LENGTHS OF TAPES (Rigid and Waterproof)

Imperial	1	(2½	3	3½)	5	10	25 yards
Metric	**1**	**(**	**3**	**)**	**5**	**10**	**25 metres**

(C) LENGTHS OF TAPES (Elastic)

Imperial	1	3 yards unstretched
Metric	**1·50**	**4·50 metres stretched**

(D) LENGTHS OF TAPES (Extension Plaster)

Imperial	3 yards
Metric	**2·75 metres**

(E) DIMENSIONS OF POROUS PLASTERS

Imperial	5 × 7½	7 × 11	6	7	8 inch
Metric	**12·5 × 19**	**17·5 × 28**	**15**	**17·5**	**20 cm.**

(F) DIMENSIONS OF FELTS, STOCKINETTES, SPONGES ETC.

Imperial	36	18	16	12	9	6	4	3½	3 inch
Metric	**90**	**45**	**40**	**30**	**22·5**	**15**	**10**	**9**	**7·5 cm.**

(G) THICKNESS OF FELTS, SPONGES ETC.

Imperial	1/16	1/8	3/16	(1/4 5/16)	(3/4 7/16)	inch
Metric	**2**	**3**	**5**	**(7)**	**(10)**	**mm.**

(H) DIMENSIONS OF DRESSING STRIPS

Imperial	1½	2	2½	3 inch	1	5 yards
Metric	**4**	**5**	**6**	**7·5 cm.**	**1**	**5 metres**

(J) DIMENSIONS OF SMALL DRESSINGS

(1) Metric equivalents in centimetres to the nearest 0·1 will be used.

(2) Statements of size will be standardised to quote the elastic dimension first in the case of elastic dressings. Waterproof dressings of similar sizes will be similarly described.

(K) DIMENSIONS OF DIACHYLON AND DERMATOLOGICAL PLASTERS

Imperial	1¾	3	7	8	16 in.	1	3	6	12 yards
Metric	**4·5**	**7·5**	**17·5**	**20**	**40 cm.**	**1**	**3**	**5**	**10 metres**

NOTES:

(C) & (D) There will be no change in the lengths of elastic bandages and plasters, or of extension plaster, since the existing lengths are entirely suitable for the applications involved.

(C) The stretched length of elastic tapes (i.e. elastic bandages or plaster) will be adopted as the standard length.

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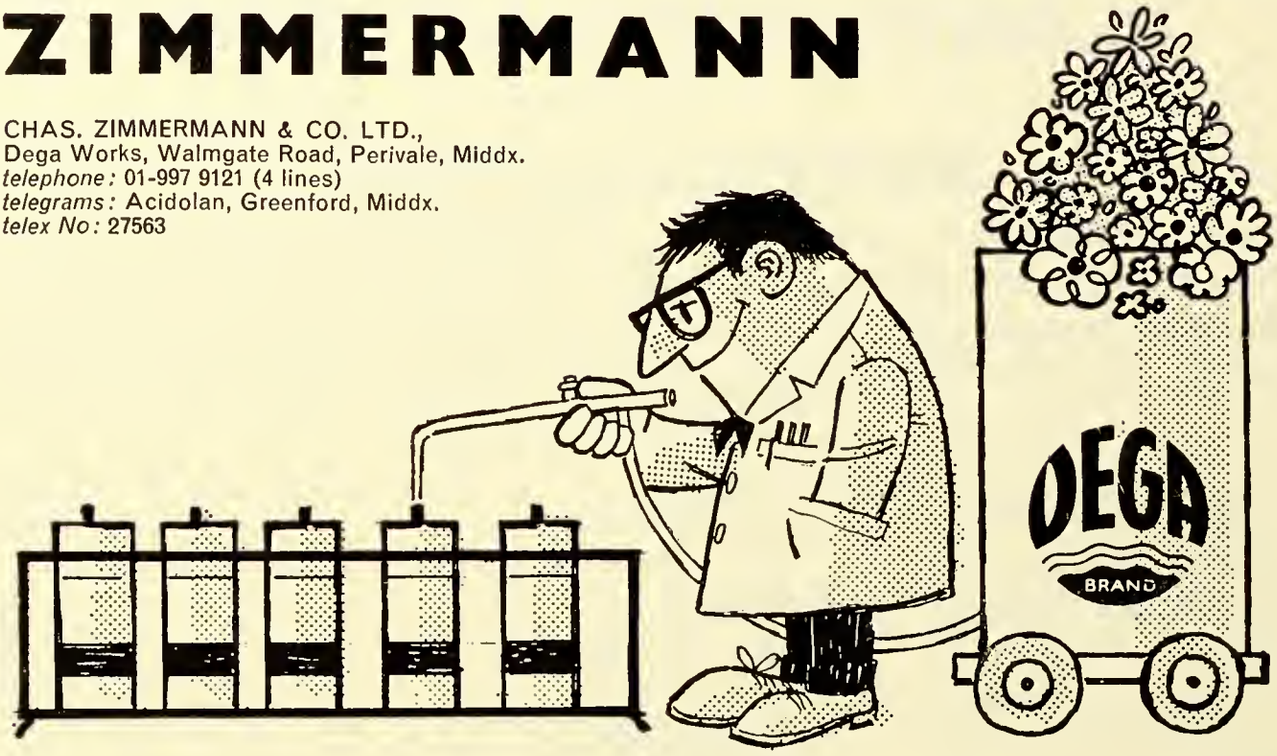

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Market News

CARAWAY SCARCE

London, October 11: Following the short crop, caraway seed is virtually unobtainable and the nominal asking price was almost trebled this week to £1,060. Otherwise the spice market has continued its quiet tone, with business too low to indicate new price levels. Peppers, however, showed some movement, with Sarawak black marked up, and white lower. New crop Nigerian cinnamon bark was offered.

Among crude drugs generally, cochineal, lemon peel, quillaia and Canada balsam were advanced; new crop podophyllum was lower. Brazilian menthol was also slightly easier. Chinese peppermint oil was again available on the spot.

In pharmaceutical chemicals, some prices of vitamins A and E have been reduced.

Pharmaceutical chemicals

Ammonium bicarbonate: £55 metric ton delivered; carbonate lump and powder £88·20.
Amylobarbitone: 50-kg £3·75 kg; sodium £4·30.
Bismuth salts: £ per kg.

	12½-kg	50-kg	250-kg
carbonate	4·68	4·50	4·45
salicylate	4·00	3·50	—
Subgallate	4·30	4·10	—
Subnitrate	4·25	4·05	4·00

Butabarbital: 50-kg £5·35 kg; sodium £6.
Butobarbitone: £5-kg kg for 50-kg lots.
Barbitone: 50-kg lots £2·65 kg; sodium £2·65.
Ephedrine: (10 kg, per kg) alkaloid £13·35; hydrochloride £10·75; sulphate £11·10.
Vitamin A: Oily 1 m iu per g £5·30 kg; 5 kg £5·20 kg; dried acetate 325,000 iu per g £3·48 kg; 500,000 iu £4·55.
Vitamin E: (per kg) £6·40; 5 kg lots £6·37.

Crude drugs

Aloes: (metric ton) Cape primes £320 spot; £300, cif. Curaçao £670 spot; £700, cif.
Balsams: (lb) Canada £2·15 spot; shipment £2·10, cif. **Copaiba:** BPC £1·25. **Para** £0·40. **Peru:** £1·17 £1·12, cif. **Tolu:** BP £0·70.
Cinnamon bark: Seychelles £300 ton cif, nominal. Nigerian funtua new crop £360.
Cochineal: Teneriffe black-brilliant £7 kg spot; £6·85, cif; Peruvian silver-grey £6·30 spot, £6·25 cif.
Gentian: Root £450 metric ton spot; £440, cif.
Kola nuts: West African halves £95 spot; shipment £85 metric ton, cif.
Lemon peel: Spot £300 metric ton; £280, cif.
Liquorice root: (metric ton) Chinese £110. Russian £115. Spray-dried powder £396, delivered. Block juice £431·50.
Lobelia: American herb £750 metric ton, cif.
Mace: Grenada £0·35 lb, fob.
Menthol: (kg) Chinese spot £6·95; shipment £6·20, cif. Brazilian spot and Oct-Dec £3·82½; Jan-Mar £3·75.
Pepper: (ton) Sarawak black spot £400; Sept-Oct £370, cif, white £600; Sept-Oct £570 cif.
Quillaia: £525 metric ton nominal.
Seeds: (ton) **Anise:** China star £175, spot; shipment £125, cif. **Caraway:** Dutch ex wharf £1,060, virtually unobtainable. **Celery:** Indian £340; shipment £270, cif. **Coriander:** Moroccan £80, cif. **Cumin:** Indian £300, cif. Chinese £235, cif. **Dill:** Indian, for shipment £117, cif. **Fennel:** Chinese £130 (metric ton), cif; Indian nominal. **Fenugreek:** Moroccan £69 long ton, cif. **Mustard:** £60-£120 spot.

Essential oils

Clove: Madagascar leaf £1·13 kg; £1.·10, cif. English distilled bud £17·60. Stem £5·50 kg, cif.
Palmarosa: £7·50 kg spot, £7, cif.
Patchouli: Spot £7 to £8 spot and cif.
Pepper: English distilled ex black £35·50 kg.
Peppermint: (per kg) Arvensis Chinese, spot £4·50; Nov-Dec £2·65, cif. Brazilian £1·65 spot; £1·67½, cif. American piperata from £1·60.
Petiegrain: Spot £3·75 kg; shipment £3·65, cif.
Pimento: Berry £4·90 kg; leaf £4·25.
Pine: (kg) Abietis £3·75; pumillonis £6; sylvestris £1·82.
Rosemary: Spanish £1·90 kg, scarce.
Sage: Spanish nominally £1·90 kg, scarce.

Coming events

Monday, October 16

Enfield Pharmacists' Association, Postgraduate medical centre, Chase Farm Hospital, at 7.45 pm. Lastonet demonstration.
Harrow Branch, Pharmaceutical Society, Clinical lecture theatre, Northwick Park Hospital, Watford Road, Harrow. Dr D. A. J. Tyrell on "Antibiotics and their clinical use".
Leicester Branch, Pharmaceutical Society, Postgraduate medical centre, Leicester Royal Infirmary, at 8 pm. Dr I. ab. I. Davies, on "Principles of chemotherapy" (lecture course).
London Nursing Exhibition, Seymour Hall, London. Until October 20.
Romford Branch, Pharmaceutical Society, Speights Restaurant, Gidea Park, at 7.30 pm. Dr B. Dybas on "Allergic diseases".

Tuesday, October 17

Coventry and Warwickshire Branch, National Pharmaceutical Union, Newlands Hotel, Tile Hill Lane, Coventry, at 8 pm. Mr R. M. Philpot (HM Customs and Excise) on "VAT".
Franco-British Pharmaceutical Commission, 17 Bloomsbury Square, London WC1, at 7 pm. Georges Francke on "Biological analysis by French pharmacists".
Herefordshire Branch, Pharmaceutical Society, Postgraduate medical centre, County Hospital, Hereford, at 8 pm. Dr S. S. Davis on "Does bioavailability matter"?

Wednesday, October 18

Bristol Branch, Pharmaceutical Society, Dyrham Lodge, 16 Clifton Park, Bristol, at 7.30 pm. Supper and dance.
Liverpool Branch, Pharmaceutical Society, and Society for Analytical Chemistry, factory canteen, Evans Medical Ltd, Speke, Liverpool 24, at 7.30 pm. Mr Newberry on "Table manufacture".
North Metropolitan and Finchley Branches, Pharmaceutical Society, Visit to the Worshipful Society of Apothecaries of London, Blackfriars Lane, London EC4, at 7.30 pm.

Thursday, October 19

Mercia Region, Pharmaceutical Society, Wisbech Centre, Cambridgeshire, at 7.30 pm. Mr M. H. E. Andrew on "The disease process and immunity" (lecture course).

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Chemist & Druggist

The newsweekly for pharmacy

21 October 1972 Vol. 198 No. 4832

114th year of publication

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Editor Arthur Wright, FPS, DBA

Deputy Editor R. E. Salmon, MPS

Markets Editor W. S. Bowman, MPS, MIPharmM

News Editor Charles Ward

Technical Editor P. J. Merry, BSc, MPS

Beauty Products Editor Hélène de Klerk

Information Services I. H. Cotgrove

Price List Mary Mackintosh

Advertisement Manager James Lear

Advertisement Executives
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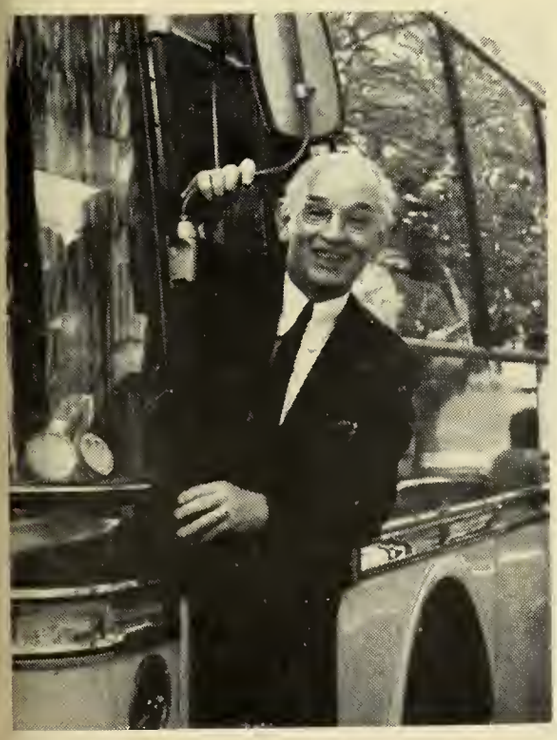

Mr J. G. Coleman, registrar PSI, says "all aboard" for the Irish Pharmaceutical Congress (see p594)

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North East office
Permanent House
The Headrow, Leeds LS1 8DF
Leeds 22841

Scottish office
74 Drymen Road
Bearsden, Glasgow
041–942 2315

North West office
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Contractors claim £4,000 notional salary

The Central NHS (Chemist Contractors) Committee has decided to submit a claim for a proprietor's notional salary of £4,000, effective from January 1, 1973.

The decision was taken at last month's meeting after consideration of memoranda prepared by the committee's consultants, on whose advice a claim is also to be submitted for a profit margin for 1973 equal to 20 per cent of return on capital employed. The present national salary is £3,120 and the profit margin 16 per cent. Both were effective from August 1, 1972.

It was reported that invoices had now been received from 209 of the 210 pharmacies in the net ingredient costs inquiry sample; it was hoped the results would be available before the end of the year.

A letter had been received from the Department in reply to the Committee's claim for an increase in the "on account" payment made to chemist contractors as a result of VAT. The letter pointed out the difficulty of foreseeing the precise effect of the zero rating of items dispensed against NHS prescriptions, and that no final decision had been made. The Committee decided that the Department be informed that this letter was unacceptable and that they be pressed for a specific reply to the Committee's claim.

The Committee unanimously decided to support a pharmaceutical committee resolution that the Pharmaceutical Society's observer at Central Committee meetings be allowed to send a deputy on those infrequent occasions when he himself could not be present.

After considering a resolution from the National Pharmaceutical Union Executive Committee about the importance of channelling the distribution of vaccines through pharmacies, the Committee decided to make appropriate representations to the Department of Health.

The Committee decided that representations should be made to the Department in accordance with a suggestion from the Pharmaceutical Society's Council that there should be provision, similar to the present scheme applied to drug addicts, to cover cases where a doctor wishes to order one day's supply (two days at the weekend) at one time. Also that one prescription charge only should be levied per prescription.

Prescription statistics for May 1972, with the corresponding figures for May 1971, were:

	May 1972	May 1971
Total prescriptions	£23,073,082	£21,071,470
Total cost	18,839,298	15,909,917
Average total cost	81.65p	75.50p
Average on-cost (after discounting)	4.95p	4.34p
Average fee	14.91p	14.90p

Vaccine makers prepare for new 'flu virus

The World Influenza Centre, Mill Hill, London, last week reported a strain of influenza virus that has been isolated that shows considerable antigenic drift from the Hong Kong strain which has been in circulation since 1968.

The new strain was responsible for outbreaks of influenza in the Far East and Australia. It had been isolated from one or two cases in England, in January—hence its designation A/England/42/72. A retrospective study of strains has shown that it first appeared in the outbreak in South India about mid-1971.

The virus is thought to be sufficiently different to diminish the value of existing vaccines, although Burroughs Wellcome & Co said this week that in the event of an epidemic caused by the new strain, they were hopeful that their present vaccine would confer some degree of immunity.

Speaking to *C&D*, Mr Ian Smith, managing director of BDH Pharmaceuticals Ltd, said that he thought manufacturers were now faced with a situation akin to that in 1968, his company was developing a new vaccine which he hoped would be ready.

Duphar Laboratories Ltd feel that their existing product gives reasonable protection against the new strain. They along with other manufacturers are liaising closely with the Influenza Centre on the incorporation of the new strain. If necessary, say Duphar, a vaccine to give optimal protection could be ready by December.

It is not yet certain whether the strain will break through the immunity provided by natural infections, or by vaccination, but the actual cross antigenicity is being carefully checked and further information is expected from official quarters within the next few days.

At the annual sales conference of Alberto-Culver Co, presentations were made of the Presidents Cup by Jack Haywood, director of sales. From left to right: Martin Goldshaft (account executive), Gordon Hemingway (representative), Jack Haywood, Roy Beecher (regional manager)

Bubble baths — a cause of cystitis?

Bubble baths ought to be considered as a factor in those women with a history of cystitis contends Dr R. R. Gould, an American urologist. His theory that bubble baths lower the surface tension of the bath water and appear to create a chemical cystitis and permit bacteria to ascend the urethra is described in last week's *Pulse*.

The article states that the idea corresponds with the ascending theory of urinary tract infection which was emphasised in the early 1960's.

Dr Gould's work was based on a study of 50 patients with the complaint and of a control group. Subsequently he claims to have successfully treated 500 cases of cystitis over two years with only three instances of failure.

His treatment comprises the administration of antibiotics for at least one month, and up to three months if necessary, to eradicate infection in the urinary tract and good urethral hygiene, namely, showers instead of baths.

Larger hair and beauty fair next year

The International Hair and Beauty Fair, the only one of its kind in the United Kingdom, will take place next year in Blackpool and will be sponsored by the Hairdressing Manufacturers' and Wholesalers' Association of Great Britain.

The fair is to take place from March 17-20, 1973, in the Olympia section of the Winter Garden complex and is expected that the fair will cover 45,000 sq ft of exhibition space, with additional displays on the Olympia balcony.

The fair covers all aspects of the hairdressing industry and next year it will also incorporate the beauty trade.

French pharmacies could lose analysis right

No more than 10 per cent of French pharmacies have laboratories to carry out biological analysis—and there is the possibility that in future the two professions of pharmacy and biology will have to be carried out separately.

The points emerged at a Franco-British Pharmaceutical Commission evening meeting in London on Tuesday, in a paper by M. Georges Francke, director of the Laboratoire de la Cooper, Paris.

M. Francke said that the Code of Public Health decreed that the management of a pharmacy is incompatible with the practice of another profession. But a concession was granted in relation to analytical laboratories because they had been largely developed by general practice pharmacists. However, the principle of "exclusivity" might well be victorious and in future pharmacists would no longer be able to combine a laboratory with their pharmacies.

"Criticisms have been made of laboratories combined with pharmacies and it has been suggested that in view of the developments in the practice of biology it should be a full-time occupation in all cases.

"The majority of general practice pharmacists are in favour of keeping their prerogative but it must be noted that the number of laboratories separate from pharmacies has grown considerably.

"The National Council of the *Order (des Pharmaciens)*, while acknowledging the evolution towards exclusivity, has repeatedly emphasised that rigorous application of the exclusivity principle would pose serious problems especially in rural areas where the general-practice pharmacist is still active in medical analysis . . . The Council has proposed a solution which would keep the idea of personal practice and be applicable to most laboratories especially in rural areas; in the future a pharmacist would only be able to combine a pharmacy and a laboratory if the combined number of personnel in the two did not exceed the number for which an assistant director would be necessary in the case of a laboratory."

However, certain analytical procedures are being permitted, in pharmacies which are not registered laboratories, namely analysis of urine for clinical purposes, blood analysis (urea, glucose, cholesterol), and detection of metazoan parasites.

In the case of a registered laboratory combined with a pharmacy, the premises may not have parts in common. In particular, there must be direct access from outside to the laboratory without going through the pharmacy.

In conclusion, M. Francke said that application of the principle of exclusivity, would detach the laboratory from the pharmacy, but the flexibility or otherwise of the rule cannot as yet be predicted. "The details of the situation must be seen against the back-cloth of the Common Market. It is gratifying here to see that the proposed directives concerning the retail sale of medicines and the education of the pharmacist both affirm unequivocally the right of access to biology even though the problems are seen from only certain aspects and not in their totality.

"This should encourage us to attempt to ensure that our qualified colleagues participate to a significant extent in the practice of medical biology—an aim which is surely in the higher interests of public health and the profession of the pharmacist."

Society judge in its own disputes?

It is surprising that the Pharmaceutical Society should now be re-equipping its Edinburgh laboratories in order to be judge in its own disputes, says Mr A. C. Bushnell, Lancashire's county analyst, in his annual report. But, he adds, the principle seems to work reasonably well in the case of police inquiries, "so there is no reason to assume that a similar arrangement in this case will necessarily be unsatisfactory".

Mr Bushnell also comments: "Now that drugs inspectors have been appointed under the Medicines Act and presumably, therefore, local sampling is very nearly at an end, perhaps it may generally be revealed that in order to sample those drugs which normally would have been obtainable only on prescription, the sampling officers were issued with private prescriptions.

"These were for medicines which could be handed over by the pharmacist without actually being dispensed, so that the Pharmaceutical Society could have no grounds to complain that the professional competence of pharmacists was being investigated."

Pharmacists always seemed to be a little suspicious of private patients' scripts and when in doubt a pharmacist would say he had none of the required commodity in stock.

Mr Bushnell says it is perhaps surprising that for the purposes of the administration of the Food and Drugs Act, supplies of the prescription E.C.10 forms were never made available to the Food and Drugs Authority.

OHE "has educated many doctors"

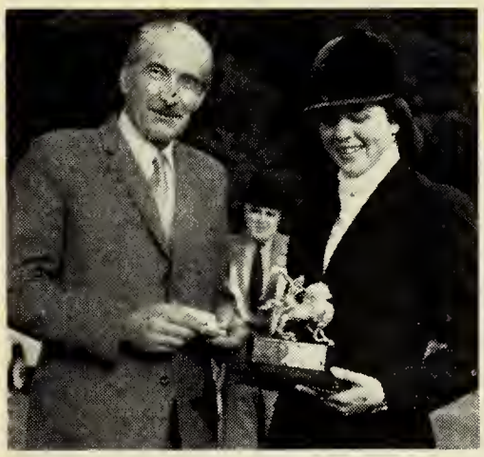
The Office of Health Economics has educated many doctors about the medicines coming from the pharmaceutical industry, Professor W. J. H. Butterfield, vice-chancellor of Nottingham University, said at the organisation's tenth anniversary dinner at the London Hilton last week.

During that time the Office of Health Economics had produced 43 publications—a rapid rate of production. Before the Office was set up, said Professor Butterfield, it was hard to find an economist who knew anything about the pharmaceutical industry. He admired the way OHE had shown people the standing of the industry.

Replying Mr I. McG. Boden, president of the Association of the British Pharmaceutical Industry, said that OHE had achieved its objective of putting expenditure on pharmaceuticals in the National Health Service into perspective. It had become accepted on an international basis as an authority on all matters of health economics.

Pharmacy closures

The number of pharmacies included on the Pharmaceutical Society's register fell by 91 during the four months—June to September. The average loss per month of just under 23 premises follows closely that recorded in 1971. During the period there were 59 additions to the register but 150 deletions.



Mr R. C. Forsey, a director of Radiol Chemicals Ltd, Witham, Essex presents the Radiol trophy to Miss L. A. Woodward at the recent Riding Clubs' Dressage championship. In the background is Wing Commdr P. G. Gibson

Mrs Macpherson, wife of Mr G. P. S. Macpherson, a director of Ronson Products Ltd, presenting the Ronson Victor Ludorum trophy on the final night of the 1972 Horse of the Year Show at Wembley, to Paddy McMahon

PROSTAGLANDINS: Launch clearance

The first two commercial brands of prostaglandin to be produced anywhere in the world were given clearance by the Committee on Safety of Medicines last week.

The products Prostin E_2 and Prostin $F_{2\alpha}$ to come from Upjohn Ltd, Crawley, are awaiting product licences prior to initial discriminate marketing in hospitals and clinics. They will be available in both the United Kingdom and Ireland to obstetricians and gynaecologists for the induction of labour and also just in the UK for the termination of pregnancy. Prostaglandins have been found particularly useful for abortion in the second trimester of pregnancy.

Initially the substances will be administered by intravenous infusion or by the extra-amniotic route although other routes are being tested to achieve a variety of different clinical responses. Prostaglandins may be given orally and the intra-amniotic route is being considered favourably for pregnancy termination.

Several methods of production may be employed. More than two synthetic processes have been developed and there is a biosynthetic method from sheep seminal vesicles and finally a rich source of an inactive prostaglandin which can easily be converted is a Caribbean coral called the sea whip.

The substances are known to work synergistically with oxytocin and stimulate smooth muscles to produce contractions. Side effects which caused a problem in early trials were diarrhoea and vomiting.

In the future there are the possibilities of prostaglandin analogues with more refined therapeutic responses, treatment of gastro-intestinal and respiratory symptoms with prostaglandins and control of menstruation for contraceptive purposes.

Beecham get another price undertaking

Mr R. E. Coveney, Royal Arcade, Boscombe, Bournemouth, consented in the High Court on Tuesday to a permanent injunction restraining him from selling Eno's fruit salts or any other of the proprietary medicines of Beecham Group Ltd, at less than the group's current price list. He also agreed to pay £120 costs.

In another case, an application by Beecham for a similar order against Cut Price Drug Store, of Bournemouth Road, Parkstone, Dorset, was adjourned until October 27 for evidence to be put in. An undertaking by the firm, made at an earlier hearing, will continue until then.

Market not 'permanent'—medicines sale offence

Although he is permitted to sell patent medicines from his stall in the market at Brigg, Lincs, and also in the Freeman Street Market, Grimsby, Mr David John Mumby, Wrawby, near Brigg, was recently fined £10 at Grimsby Borough Magistrates' Court and ordered to pay £10 advocate's fee for selling the same lines in the Baxtergate market, Grimsby.

The prosecution claimed that he could not sell the goods in the Baxtergate market because it is not at present designated as a permanent market site.

Mr Mumby pleaded guilty and his solicitor told the Court that it was his view that the Pharmaceutical Society were being rather petty in bringing such a prosecution. He also added that Mr Mumby considered this was being done to protect the vested interests of the chemists whose prices were higher than Mr Mumby's.

Prosecuting solicitor protested at this, but Mr Mumby's solicitor retorted: "My client is entitled to his opinion and he is entitled to bring it before the court."

Second from left: Mr P. J. Benton (managing director, Mitchum-Thayer Ltd) presents Mr H. J. Crocker (branch manager, Gibbs, Paignton) with the first prize of a colour television set in connection with the Mitchum product promotion which was held earlier this year. Also pictured (left to right) are: Mr G. Tasker (operations controller, southern division, Mitchum-Thayer), Mr B. Bird (branch manager, Vestric, Reading) and Mr R. Gale (sales director, Mitchum-Thayer)

Queen's University prizes presented

Prizes for the 1971-72 session of the pharmacy department, Queen's University of Belfast, were handed over at a ceremony on October 11. They were as follows:

Medal of the Pharmaceutical Society of Northern Ireland for "outstanding merit in the final year", Miss Mary Henry.

Pharmaceutical Society of NI prizes: Distinction in final year, Mrs E. A. Butler; pharmaceutical chemistry, phamacology, and pharmacognosy prizes, Mr A. D. Woolfson.

Evans Medical prize (pharmaceutics), Mrs E. A. Butler. *ICI Pharmaceuticals division prize* (dispensing) Mrs L. Barr. *UCA Associates section prizes* (level 1) Mr R. H. Mathers; (level 2) Mr A. D. Woolfson. *Boots Co prize* (final year project) Miss Mary Henry. *Parke-Davis & Co prize* (forensic) Mr A. D. Woolfson.

Examination for Searles' copper IUD

The Department of Health has advised G. D. Searle & Co Ltd that the company's new intra-uterine device based on copper (*C&D*, October 7, p503) requires a product licence and must be examined by the Committee on Safety of Medicines.

Earlier the IUD had been classified as a device by Department officials and had been cleared for marketing. The contraceptive is now to be assessed as a medicinal product, but a Department of Health spokesman told *C&D* that the Committee hoped to deal with the submission on the product as soon as possible. In the meantime it was not anticipated that the availability of the product would be affected.

Legal restrictions on hexachlorophane

The Secretary for Social Services, Sir Keith Joseph, announced in the Commons on Tuesday that he is considering whether there should be statutory limitation on the availability of medicinal products containing hexachlorophane. He is also consulting with the Home Secretary about cosmetic and toiletry preparations.

Sir Keith said that where hexachlorophane had been retained in preparations it was, according to available information, because of its antibacterial activity, and there was general observance of the advice given by the Committee on Safety on Medicines and the Pharmaceutical Society.

Company News

United Glass show small increase

Trading profit of the United Glass Group for the 28 weeks ended July 8 was £2·14m; profit, before tax, £1·87m and net profit £1·12m.

Mr J. R. Cater, chairman, reports that: "Sales at £27m in the first half-year showed only a small increase over the corresponding period of last year. Production and deliveries were curtailed through the effects of the miners' strike and later through a strike at one of the glass container factories. Despite these adversities, the benefit of production efficiency improvements achieved largely as a result of the major capital investment programme over recent years is reflected by increased profits.

Another bid for Cockburn

Cockburn & Co Ltd, have been valued at over £1m by a bid from Weston Pharmaceuticals Ltd. The bid is on the basis of a cash and share offer which will have an underwritten cash value of £8 a share.

The offer, however, is still subject to certain conditions and a further announcement will be made "as soon as possible". In the meantime the directors of Cockburn have neither recommended nor rejected the bid which comes hard on the heels of a lapsed offer from P. Levinson, a London financier. (*C&D*, October 7, p496).

Between mid-September and October 10, Cockburn's shares have risen from £3·20 to a range £8 to £10.

Laporte pay increased dividend

Laporte Industries Holdings Ltd are to pay a dividend of 7½ per cent for 1972, declared as an interim, compared with 3 per cent for the previous 40 weeks. It is payable on January 5, for tax reasons.

The better trading position (first half pre-tax profit is £1·11m on sales of £18·34m) and the improving performance from the Stallingborough chloride titanium dioxide plant justify an increase in dividend, the directors state.

Cadbury still looking at Jeyes

Discussions have continued between Smith & Nephew and Cadbury, Schweppes Ltd for the acquisition by Cadbury, Schweppes of the 19 per cent held by Smith and Nephew in Jeyes Group Ltd.

Mr Stephen Steen, chairman of Smith & Nephew, has resigned his chairmanship of Jeyes Group.

It was revealed in August that Cadbury, Schweppes had approached Jeyes with a view to making a bid for Jeyes. Talks were subsequently broken off (*C&D*, August 12, p 225).

Joint venture for ortho-cresol

CRM (Cresols) Ltd have commissioned a plant capable of making 5,000 metric tons of ortho-cresol per year together with substantial quantities of xylenols and trimethylphenols, particularly 2, 6-xylenol and 2, 3, 6-trimethylphenol.

CRM (Cresols) Ltd has been set up as the first joint investment made by Cindu Key & Kramer, Rutgerswerke and Midland-Yorkshire Tar Distillers, who have over the past several years discussed collaboration in a variety of manufactures. The process used is basically that developed in the research departments of Midland-Yorkshire Tar Distillers, who also made pilot plant studies; when eventually the decision was made to erect a jointly-owned plant, it was decided to put the plant at the Four Ashes works of Midland-Yorkshire Tar Distillers.

Sturge profit up at half-way

In the first half of the year group profit of John & E. Sturge Ltd rose to £353,000 (from £305,002 in the equivalent 1971 period). Turnover was up from £2·65m to £2·92m.

The interim dividend is 8 per cent against 7 per cent, payable on January 6, 1973 for tax reasons.

Pifco confident on future

Mr A. D. Webber, chairman Pifco Holdings Ltd is confident the group will show continued progress. Several new products have been introduced and already forward orders are encouraging and auger well.

Pre-tax profits for the year ended April 30, were £54,900 (£455,200) and the dividend is effectively raised 4 per cent to 14 per cent.

Barclay Securities profits rise

Barclay Securities Ltd report trading profit for the half year ended June 30 at the record level of £1·38m (up from £922·501 in the first half of 1971). Profits before tax are £1·12m (£815·317). The interim dividend is 15 per cent (1971 equivalent 10 per cent).

The chairman, Mr J. Bentley says: "Shareholders will see from the moves taken with our pharmaceutical and media interests that your company is rapidly taking on the role of an investment holding company.

"Barclay's role will continue to activate existing and new situations both for itself and its associated companies."

Nicholas International expand in France

The Australian-based Nicholas International group has acquired an 84 per cent interest in Egema SA of Paris, a company engaged in the prescription pharmaceutical business. Nicholas, who have been in France in proprietary pharmaceuticals for almost 40 years consider the acquisition "a significant part of their expansion plans for Europe".

Half-way report

Beatson Clark & Co Ltd expect pre-tax profits for 1972 to be comparable with the £799,000 last year. On sales of £3·09m (£2·69m) profits for the half year to July 1 were £338,000 (against £344,000). Interim dividend unchanged at £0·02.

Briefly

Associated British Maltsters Ltd have declared their offer to the shareholders of Glovers (Chemicals) Ltd unconditional and the offer remains open until further notice.

Eli Lilly & Co established sales records in each of its major marketing areas in the first nine month of 1972, resulting in consolidated worldwide sales of $627m and estimated net income of $91·9m. In the comparable period in 1971, consolidated sales were $543·5m and net earnings, $70·3m.

International Chemical & Nuclear Corporation had sales for the first nine months ended August 31 of $121·8m, a 24 per cent increase over the same period in fiscal 1971. Net earnings rose 12 per cent to $5·6m.

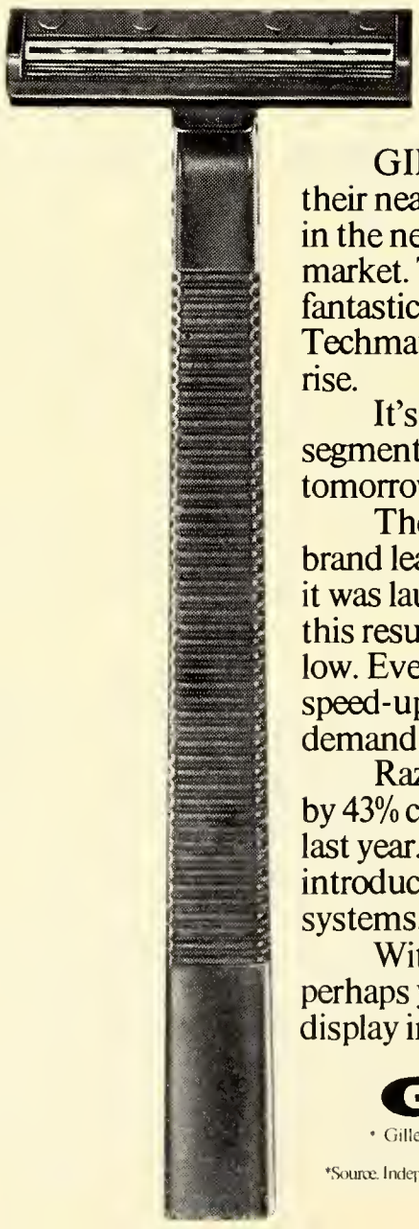
Dunbee-Combex-Marx Ltd: Group profits, before tax, for six months ended June 30, are £18,359, after deduction of the anticipated seasonal half-year loss incurred by Rovex amounting to £155,077. In 1971 the half-year profit is not comparable, as Rovex & Ucan were not in the group at that time.

Mr K. M. Mott, MPS, has taken over the pharmacy of Glyn Samuel Ltd, 6a Normandy Street, Alton, Hants, and will trade as Glyn Samuel.

Fisons Ltd have established new offices and warehouse at Herent, Belgium, in support of its marketing and selling operations in the EEC. The new offices will house NV Fisons SA.

Gillette lead 4 to 1*

with GII and Techmatic



GII and Techmatic outsell their nearest competitors by 4–1 in the new shaving systems market. The new GII has had a fantastic success and sales of Techmatic have continued to rise.

It's from this fast-growing segment of the market that tomorrow's blade sales will come.

The Gillette GII became brand leader only 2 months after it was launched. We regret that this resulted in stocks becoming low. Everything is being done to speed-up deliveries to meet the demand.

Razor sales have increased by 43% compared with this time last year. Mostly because of the introduction of the new shaving systems.

With Gillette leading 4–1, perhaps you should stock up and display in the same ratio.

Gillette

* Gillette and Techmatic are trade marks

*Source. Independent Market Research Survey, September 1972.

People

Dr K. D. Bingham and **Dr D. A. Shaw**, of Unilever Ltd's Isleworth Laboratory, have been given the International Federation of Societies of Cosmetic Chemists award and Sw Fr 4,000 for the best original paper given at the recent IFSCC conference in Hamburg, Germany. The title of the paper is "Male pattern baldness and the metabolism of androgens by human scalp skin." Delegates to the IFSCC council meeting elected **Mr R. Clark**, of this country, honorary secretary and **Mr C. Pugh** a committee member for the coming year.

Unicliffe Ltd: Mr M. Jones is appointed key accounts manager—responsible for developing links with national and regional organisations throughout the UK. Mr N. Smith is promoted to area sales manager London/central area and Mr J. Harris to area sales manager, southern area.

Wilkinson Sword Ltd. announce the appointment of Mr John Wilkinson Latham and Dr John Spreadborough to the board. Mr Latham rejoins the board having had to relinquish his previous directorship in 1969 because of personal commitments. Dr Spreadborough is managing director of the company's research division.

Izal Ltd. Mr A. Donne has been appointed as a brand manager. Mr Donne, who joins Izal after more than two years with Jeyes Ltd, will handle a range of Izal Ronuk and Thawpit products.

Sanitas Group Sales Ltd have appointed Mr D. M. Wells as their representative for the Woodward's range of baby products, Liqufruta, Halex toothbrushes and the Oppenheimer range of generics in Yorkshire and Derbyshire.

Mr Gerald P. Breen, MPSI, Slane, co Meath, has resigned from the board of Henry Bell Ltd, Waterford. He stresses that he has had no disagreement with the company, nor has he had any complaint about the company's current policy, but states that because he had some doubts about future plans he has decided to relinquish his directorship.

Smith & Nephew Ltd have appointed Mr David Dundas brand manager of the company's public lines division.

Carmen Curler Co Ltd: Malcolm O'Neill has been appointed advertising and sales promotion manager; Patrick Bousfield, area sales manager (London and Northern Home Counties), and Hugo Gamble, product manager.

Unigate Ltd: Tony Silk, formerly advertising manager for Unigate Foods, has been appointed marketing manager for Cow & Gate baby foods based at Guildford. Mr Silk takes over from David Hall who, following a serious illness, has reluctantly had to relinquish his position under doctor's orders. His health has shown improvement and Unigate Foods report that Mr Hall can continue to work for the company on a special assignment for the interpretation of EEC legislation.

Intergen Beauty Products Ltd: Graham Robinson has been appointed works manager.

Topical reflections

BY XRAYSER

A useful meeting

At the regional conference at Bedford, held on October 8, the speakers ranged over a wide variety of topics, all of great interest and value. The president of the Pharmaceutical Society (Mr J. P. Kerr) returned to the thorny problem of "counter prescribing". There is nothing to prevent anyone prescribing, as we find almost daily in the pharmacy, for many of the articles requested have already been recommended, if not actually prescribed, by a neighbour, and sometimes even by a helpful bystander in the pharmacy itself. That is the point at which one tactfully takes charge.

But Mr Kerr is right to stress that it is not the pharmacist's function to diagnose and that he neither claims to be, nor wishes to be considered as, a diagnostician. He merely, as Mr Kerr puts it, recommends what he considers to be a suitable preparation to treat a particular symptom described by a customer. And of even greater importance is to impress that if the symptoms do not respond quickly, medical advice must be sought, for only then can diagnosis be brought into play.

Mr Kerr also wisely pointed out that there are occasions when the best advice the pharmacist can give is for the customer not to try to treat his condition but to seek early medical consultation. But even so, there must be countless thousands who indulge in self-diagnosis prompted by clever advertising which is wide enough in its scope to suggest that here is what the customer has been looking for, and the opportunity to proffer informed advice does not arise.

As Mr Kerr pointed out, provision is made for counter prescribing in the Medicines Act, but there are limiting factors relating to the presence of the person for whom the medicine is required, and that provision recognises the need for asking questions and thus forming an opinion as to the course of action to be suggested. A child in arms, even though present in the pharmacy, would scarcely meet the intentions of the provision.

Side effects

The contribution of Mrs W. Fowler was valuable in drawing attention to the problems posed by inadequate directions by the prescriber. I have met such vague instructions as "12 tablets daily", and have found it desirable to ascertain how often in the course of the day the medicine was to be taken. But instead of warning against possible side effects, I am rather with the member who suggested that it was time enough to deal with the subject if it was raised by the patient, for suggestion can play an important part, and there is the possibility that certain symptoms may be part of the condition and quite unrelated to the medicine.

My feeling is that if the doctor has not mentioned the possibility the pharmacist may be interfering in such a way as to impair the patient's confidence in the prescriber. My customary reaction to any report of side effects is to advise that the doctor be informed, for only he can assess the advantage of continuing or changing either the treatment or the dosage.

The warning from the Council of the Pharmaceutical Society in the matter of cautionary labelling of dispensed medicines displays so little conviction as to suggest that it should never have seen the light of day. The Practice Committee's reported words were that it was not convinced that the inclusion of cautionary wording would serve any useful purpose—yet a recommendation was issued. If the value of Council recommendation is not to lose effect it must be kept for important matters.

Professional News

Irish Pharmaceutical Congress

Increased power for the pharmacist is the EEC goal

The increased power of the pharmacist employed in non-pharmaceutically-owned premises was described as an important aspect of EEC policy when M. Boris Brus, president of the Belgian Pharmaceutical Society, addressed the Congress.

He stated that co-operative societies and limited companies would still be able to carry on in the countries where they were at present permitted to own pharmacies—but they would be subject to the directive which stipulated that the pharmacist must own the medicaments and apparatus in the pharmacy. This contrasted with the present position under which such pharmacists had no power over the owners; under the new arrangement he would have the responsibility for the operating of the outlet.

All medicaments would have to pass through the pharmacist, but a distinction would have to be made in countries like Germany and Holland where druggists and other stores could sell all but the more toxic medicines. In such countries, in 10 or 20 years, all medicine sales would have to pass through pharmacies. But in the new conditions the pharmacist would have to take full responsibility for the quality of what he distributed.

Delivery problems

In countries where there were not enough pharmacies, said M. Brus, doctors might deliver prescriptions. This was a problem which would have to be solved locally, but one of the advantages of contacts between the different countries was that each of them knew what the other was doing to solve the problem. The Pharmaceutical Societies of each member country would endeavour to find common ground. "We gave a guarantee that things will get better".

Asked if he considered the ratio of pharmacies to population in Ireland (one pharmacy for 1,500 people) would suffer under the new conditions, he said there would be freedom of establishment and freedom of circulation of pharmacists from one country to another as soon as there was harmonisation of educational and degree standards. The EEC wanted free circulation of products, so if a product was registered in one country it would not have to be registered again. Such product could, for instance, be introduced into Ireland provided the national registration of the receiving country was respected.

Concerning the advertising of pharmaceutical products, M. Brus said they did not want a pharmacy to look like a shop but to look like a pharmacy. In Belgium it was compulsory that no pharmacist should show any product in his window except something about education.

Mr M. F. Walsh said that one of the directives for industry approved by the Council was "the right of establishment". This was causing some concern both in the Republic and the United Kingdom. Personally he felt the real spirit of this directive was harmonisation rather than compulsory uniformity. He understood the industry in the Republic was having discussions with the Department of Health concerning the medicines legislation which they would require to protect their exports after January 1973. Membership of the EFTA Convention was necessary to ensure that the Convention countries would accept pharmaceutical exports from Ireland without conducting a physical inspection of our pharmaceutical laboratories.

Turning to hospital pharmacy, which he said, engaged about 5 per cent of the country's active pharmacists, Mr Walsh said that to many of them this was really the most professional side of pharmacy but unfortunately, for historical and other reasons it had not made the professional progress which it should have. He would like to see a hospital pharmacist included in the working party which it was proposed to set up with the Department to discuss mutual problems in the light of medicines' legislation and EEC membership.

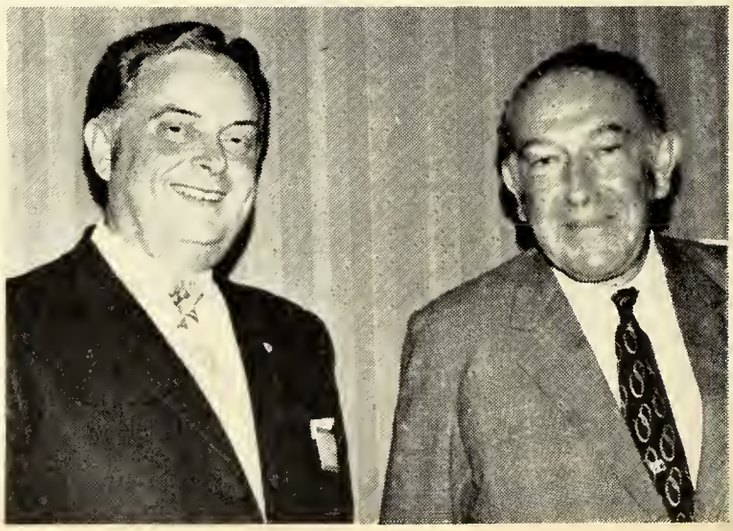
Community pharmacists accounted for 80 per cent of the profession in the Republic and would be the section most affected by the seven directives of the EEC.

Unfortunately the 1875 Pharmacy Act made provision only "for the examination and registration of persons qualified to keep 'open shop' for the retailing, dispensing and compounding of medicines of poisons and medical prescriptions". This wording proved most embarrassing in 1956 when at the instance of the Pharmaceutical Society the Supreme Court, by a 3 to 2 majority, held that the dispensing of a prescription was not a professional operation. "With great respect, that unfortunate decision now appears nonsensical to many of us. How can you 'retail' a professional service, or can you put a 'retail' value on the dispensing of prescription." That was why he suggested that Irish pharmacists in community practice should make a complete break with the past by providing a pharmaceutical service to all—on a "fee for service only", similar to the service now being offered to patients in the lower income group in the Eastern Health Board area. Leaving out economics, the main advantages were to the patients.

It was always his opinion that the only area in which members of the profession could "compete" with one another was in service to the public. Not only was it desirable from the legal and professional points of view but it was now economically feasible to do this. When the lower income group was fully operative it was estimated there would be about six million prescriptions to be dispensed by 1,200 pharmacists, or less. On top of this there were about 5 million private prescriptions dispensed annually. If an over-all fee of £·50 per prescription were suggested for those 11 million prescriptions this could average out at over £4,000 as professional annual income per pharmacy.

Mr Walsh considered there was considerable scope for professional diversification by pharmacists interested in replacing the more commercial activities and mentioned biological analysis as an example. While it might seem improper for an outsider to comment on the Linstead report in relation to the National Health Service in Britain, he believed a graduate would get all the professional satisfaction and even material rewards he wished within the EEC concept of pharmacy.

"Which way do we wish to travel? I can speak only for myself, but before long pharmacy in Ireland, as a whole, will have to choose. I hope it chooses wisely. As for myself, the seven directives contain all that is best and most professional in the practice of pharmacy—both for myself and for



Mr R. J. Power, president of the Pharmaceutical Society of Ireland (left) with M. Boris Brus, president of the Belgian Pharmaceutical Society

the public. Without abandoning in any way our old friends in the United Kingdom and Northern Ireland, I think our future lies in Europe."

Mr Walsh urged that full-scale discussions be held with the Department of Health so that medicines legislation could be introduced forthwith. A State disciplinary body was a vital necessity. It was possible that the whole fabric in the practice of pharmacy and the traditional services which pharmacy has been giving the public for almost a century would change in the longer term, with the implementation of the EEC directives.

Council member visitors from the Northern Ireland Society, Mr J. Knox and Mr and Mrs T. I. O'Rourke

Growing danger of interactions

A prediction that the problem of drug interactions would get worse with newer and more potent drugs and the proliferation of drug therapy was made in a paper by Mr Murty O'Connor, chief pharmacist, Meath Hospital, Dublin.

Declaring that drug interactions had been reported with increasing frequency in the clinical literature within the past several years, he said that adverse reactions, of which adverse drug interactions constituted a part, had been repeatedly cited as a significant public health problem. Reports had also appeared in the literature of a number of deaths due to drug interactions. Thus all health professionals who dealt with drugs must be alert to the possibility of adverse drug interactions occurring in their patients. Knowledge of drug interactions and the communication of this information to other members of the health team might be one of the most important professional functions of the pharmacist.

Drug interaction, he described as the phenomenon which occurred when the effects of one drug were modified by the prior, or concurrent administration of another drug or drugs. He noted the definition stated by the administration—"this separates drug interaction from drug incompatibility".

Mr O'Connor said that the potential hazards however were those unwanted or unsuspected drug interactions. Interactions had been reported for practically all of the 500 most frequently prescribed drug products in the United States which accounted for well over 80 per cent of all new American prescriptions.

After listing drugs and their interactions Mr O'Connor said the pharmacist faced with a potential drug interaction should know why there was a potential interaction: what the chances were for the interaction to occur; how important it was to the patient's health and what could or should be done about it. To do this the pharmacist must be able to refer to original reports in the literature, or good abstracts from them; correlate this with his prior knowledge of drug actions and provide an informed opinion on the subject. The important point was that the physician should realise that there was the potential for an interaction and the possible alteration of effect.

Mr P. Pierse Gray, Dublin, said it was difficult to make personal comment on the broad subject of drug interaction as knowledge could only be derived from published literature. One could not help wondering how far all that was being written on drug interaction was based on theoretical consideration rather than on practical experience. Obviously some interactions were very well documented, but many of the interactions shown in lists seemed to be based on pharmacological studies in animals rather than on clinical observations in man.

No doubt these interactions were possible, even if one could not find chapter and verse for their occurrence. Prescribers should be made aware of them, however, and pharmacists must be ever-vigilant for the unintentional combination.

Mr Gray added that there was a responsibility on all, whether in hospital practice, community pharmacy or in industry, to ensure that they did all they could to keep themselves informed by studying the literature, noting reports, and discussing individual products with technical representatives. Pharmacists were becoming more actively involved in patient care and service and must equip themselves to meet the challenge.

"Today's pharmacist must be doubly vigilant for he has the added responsibility of dealing with a very complex range of organic and biological compounds which is being added to every day". Education in this field was therefore a continuing process which required deep personal involvement and dedication.

Pharmacists' problems remain

While the mortar and pestle, leeches and the various concoctions of the early apothecary have been replaced by reference books and a multiplicity of complex patent chemotherapeutic agents in modern pharmacy, one significent fact remains. The challenge represented by the demands on the pharmacists' professional and personal abilities, by virtue of the environment in which he practises, remains relatively unchanged. That was the final summing up by Mr Norman Cooper, M.Sc., MPSNI, following his paper "Some Aspects of the History of Pharmacy in Ireland" which opened The Irish Pharmaceutical Congress 1972 held in Tralee October 8-11.

He began by pointing out that pharmacy as an act of selecting, extracting, preparing and compounding preparations used as medicine was in early history intermingled with the art of healing or practice of medicine. It fulfilled one of mankind's basic needs.

A historic book was *Botanologia Universalis* Hibernica by John K'Eogh, published 1735, describing the medicinal use of a number of indigenous plants.

Pharmacy as an entity, in Ireland, first emerged in the era of apothecaries, one early reference from a "Pipe Roll" (record of revenue and account of treasury) of Henry II in 1180 states that "an apothecary accompanied the King on a journey to Ireland." The presence of apothecaries in different parts of Ireland during the 17th century is confirmed by the existence of tokens issued by traders when small coinage was scarce. The National Museum, Dublin, have several dated 1654 and 1658 and inscribed with the names of specific apothecaries.

The first Dublin apothecary of whom there is a definite record was Thomas Smith, a settler who had arrived from England prior to 1556. In that year he represented to Sir Henry Sidney, the Lord Deputy, that the native Irish found his drugs too expensive.

Subsequently Smith was granted a yearly contribution from the Lord Deputy, Privy Councillors and Military officers to enable him to supply apothecaries' wares for those of English birth, the nobility and others of "the graver and civiller sort" as well as to allow time for improvement in his profession.

Smith, who later became the Mayor of Dublin, had the honour of laying the foundation stone of Trinity College.

By 1741 the separation of apothecaries became apparent and in 1745 a Royal Charter was granted to the apothecaries by which they formed their own guild under the name, the Guild of St Luke.

In 1784 four apothecaries assisted the College of Physicians in the preparation of a Dublin Pharmacopoeia, published in 1794 but never officially sanctioned by the College. The first official Dublin Pharmacopoeia appeared in 1807, the last edition was published in 1850. In 1791 a pharmacopoeia for the use of the sick poor was published in Cork based on the Edinburgh Dispensatory.

Further Congress reports, p613

Trade News

Kantrex injection paediatric

Bristol Laboratories, Langley, Slough, SL3 6EB, have found it necessary to withdraw from circulation batch number NE 206 of Kantrex injection paediatric. Hospital pharmacists and wholesale chemists have been advised. The recall has been necessitated because of the appearance of particulate matter in some of the vials in this batch. Until investigations into the nature of these changes are complete, all orders from Kantrex injection paediatric are being held. "There is no reason to believe that any significant hazard to patients exists but the withdrawal is being made in the interests of a conservative and responsible attitude," state the company.

It recommends that as an interim measure the 0.5g. Kantrex injection vial is diluted to the appropriate concentration as per the literature.

Combined treatment

J. Waterhouse & Co Ltd, Church Street, Ashton-under-Lyne, are supplying composite packs of S. R. Potter's calcium hydroxide tablets and vitamin tablets.

Designed as one month's treatment for osteo and rheumatoid arthritis and rheumatism, each pack (£1) contains 30 tablets of calcium hydroxide in foil strip-pack, together with 60 tablets of vitamins A & D, which are a necessary supplement to the treatment. A descriptive leaflet giving full directions is enclosed with each pack.

Paramount 5ml spoon

Paramount Plastics Ltd, 5 Anerley Station Road, London SE20 8NT, have introduced an "improved" 5ml dose spoon complying with BS 3221/4/1969 and the British Drug Tariff codes.

Moulded in polystyrene, the spoon has been designed to minimise flexing of the handle. The bowl has been designed to minimise dose spillage. The spoon is claimed to be resistant to all common colouring agents, antiseptics, detergents and other substances in common pharmaceutical use.

Available only for export

E. R. Squibb & Sons Ltd, Regal House, Twickenham, TW1 3QT, have discontinued Quinolor ointment from the UK market but the product will still be available for the export markets where it is required. Export packs of Altilev, also recently discontinued in UK, may still be available for the markets where the product is sold.

Larger packs of Linctifed Expectorant

Burroughs Wellcome & Co, Temple Hill, Dartford, Kent, announce that, due to increased demands 2L packs are now available of: Linctifed Expectorant (trade price £3·30) and Linctifed Expectorant Paediatric (£2·56).

A gold Starpacks award, presented by the Institute of Packaging, has been won by this Benoral pack made for Winthrop Laboratories. Taking one of only three "golds" in this year's competition, the pack also took the British Plastics Federation's award for the best star-winning entry

Scram supplies safe

Ozonal Laboratories state that the fire at their Islington warehouse last week has not affected their subsidiary Scram Products Ltd, which is housed in a separate building. Scram Products are still able to execute all orders from their premises at 7 New Wharf Road, London N1.

Unichem stock system

Following a pilot scheme in which 50 pharmacies participated Unichem Ltd are now to launch it nationally.

The scheme, a stock-recording/buying system, is based around a stock record book listing 1,200 counter products obtainable on the company's "profitable buying plan".

The book is used to make a fortnightly stock check on specific lines whereby an assistant is said to be able to maintain control of up to 80 per cent of the popular OTC lines. Ordering the required lines in certain stipulated units the buyer gains the advantage of an extra 6 per cent plus rebate (currently 2½ per cent).

Wyeth close Edinburgh office

As from October 20 all communications with regard to John Wyeth & Bros Ltd, 12 Walker Street, Edinburgh 3, should be addressed to Huntercombe Lane South, Taplow, nr Maidenhead, Berks.

Rybar's repackaging

As a part of the general redesigning of packaging being introduced for all products manufactured by Rybar Laboratories Ltd (a member of the Syntex Group of Companies), Rybar's ethical products, Cam and Folex-350, now appear in new presentations.

Cam, the flavoured children's anti-spasmodic cough syrup, is now available in a restyled 150 ml bottle, with drip free neck, and a new 1 litre dispensing pack (£0·35). Folex-350, a product containing ferrous iron and folic acid and used primarily for the prevention of pregnancy anaemia, has been repackaged into canisters of 100 tablets each (£0·60) and a large dispensing pack of 1000 tablets.

Tablet going ovoid

Abbott Laboratories Ltd, Queenborough, Kent, have announced a change in shape of their 250 mg Erythrocin tablet. The new tablet will be ovoid, but will still contain 250 mg erythromycin activity as erythromycin stearate. 100 and 500-tablet packs are immediately available. 25 and 1,000-tablet packs will be available at the end of October or early November.

Leicester cash-and-carry

Chemists will be offered "exclusive profit-making promotions not available to the general retailer" when Ross Trademart open a new cash-and-carry warehouse at Euston Street, Freeman's Common, Leicester, on October 25.

The promised stock range includes chemists' sundries, beauty aids and toiletries, plus housewares, plastic and paperware, gifts and fancy goods, toys and stationery

Bonus offers

Antibiotics and Vitamins Ltd, 1 Beresford Avenue, Wembley, Middlesex. Oralcer. Two free tubes with display outer of 24 (until November 6).

Notes on new Medicaments

Rythmodan

Chemistry: 4 - di - isopropylamino - 2 - phenyl-2-(2-pyridyl) butyramide.

Rythmodan (disopyramide), is a compound with anticholinergic properties. It is of therapeutic interest and value as it also reduces the excitability of cardiac muscle. Because of this ability to depress myocardial activity, the drug is used in the control of cardiac irregularities and arrhythmias, and to suppress the development of such arrhythmias during surgery.

In its action on cardiac muscle the drug resembles quinidine, but experimentally, it has been found more than twice as active. Disopyramide has no beta-blockading action, and little effect on blood pressure or cardiac output. The side effects of the drug, which are mild, are associated with its anticholinergic properties, but because of that, glaucoma may be a contra-indication.

Andursil

Constituents: Aluminium and magnesium hydroxides, magnesium carbonate and activated polymethylsiloxane.

The non-systemic antacids in this product bring about a rapid and prolonged lowering of gastric pH, which is not followed by the development of an acidosis, or by any interference with the digestive processes.

The prolonged buffering action is supported by the surface-tension effects of the activated polymethylsiloxane, which causes any gas bubbles in the gastric fluid to coalesce, thus relieving flatulence and distention.

Bright buys

Varta batteries. Reliable German engineering. Tough. Long-lasting. A complete range to cover every application. Made by one of the world's largest battery manufacturers, whose U.K. technical sales department welcomes queries, solves problems. Varta – the bright buy in batteries. For you. And for your customers.

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VARTA Batteries Ltd., Varta House,
Hanger Lane, London W5 1EH. Tel: 01-998 7551/4

New products and packs

Over-the-counter medicinals

Famel honey and lemon

A new honey and lemon cough linctus is being launched nationally under the Famel brand label, following successful test marketing in the Tyne-Tees area last winter.

Each 5ml contains guaiphenesin 50mg, purified honey 250mg, lemon juice 0·5ml, sucrose 2·75g and liquid glucose 1·35g. The linctus is designed for family use, with dosage for children of 2 years and above, up to adult. Pack is a cartoned bottle of 114ml (£0·33) (Keldon Ltd, 17 Wadsworth Road, Perivale, Greenford, Middlesex).

Chilblain ointment

An antiseptic chilblain ointment is now available from Scholl. Packed in tubes (£0·25). The preparation contains phenol, camphor and balsam of Peru in a lanolin-wax base. Each one dozen comes in a display outer which bears the slogan "Fast relief from chilblains—antiseptic" (Scholl (UK) Ltd, 182 St John Street, London EC1P 1DH).

Cosmetics and toiletries

Liquid bath additive

Alpine Spring (£0·49) is a foaming bath liquid which will be initially available in the Southern television area only. Launched under the Bristow label, Alpine Spring contains lanolin derivatives plus lemon and herb extracts to add perfume as well as giving the water a blue-green colour (Beechams Toiletries Division, Beecham House, Brentford, Middlesex).

Transparent blusher

Great Glow Cheek Stick (£1·10) from Revlon is a transparent blusher which can be stroked into a gentle colour or blended down to a natural glow. Available in a swivel-up case in Pink Glow, Peach Glow, Mulberry Glow or Amber Glow.

Also from Revlon are five new shades in their Great Glissers range of lip glossers (£0·55) which are: Great Glissy Bronze, Great Frosty Cranberry, Great Glissy Copper, Great Glissy Orange and Great Glissy Red (Revlon International, 86 Brook Street, London W1).

Dana range for men

Canoe Royale is a range of toiletries for men which has a cool, crisp fragrance blended with Bergamot and other citrus notes for added freshness. The range comprises after-shave in a cut-glass bottle (£1·85), anti-perspirant, with C-54 formula, containing microcapsules which are broken down by the sweat glands to give extra protection (£0·47), soap (£0·42) in its own blue container and the puffer (£1·00) and spray body tales (£0·80). Dana are offering a free Canoe Royale anti-perspirant with each purchase of after-shave as an introductory offer (Dana Perfumes Ltd, 19 Grosvenor Street, London W1).

Hypo-allergenic eye shadows

Revlon have added new shades to their range of Eye Gleamers which are: Vivid Blue Lustre, Vivid Green Lustre, Aqua Lustre, Lilac Lustre and Leaf Lustre. Each one is hypo-allergenic (£0·80). They have also introduced five new shades to their Colorshine range of lip glossers. Bright Bronze Frost, Deep Sweet Red, Ripe Juicy Plum, Pretty Vivid Pink and Deep Juicy Orange are the names (£0·70) (Revlon International, 86 Brook Street, London W1).

Blinkers range extended

The Blinkers range from Cutex now includes an automatic mascara in a choice of six shades. The container is an aluminium barrel topped with a ball of colour to match the shade of brush-on mascara inside. Three new shades have also been added to the Blinkers collection of eye shadows, but this time in powder form. They are available in the same packs as the original cream shadow, except these pots will have a metallic finish. The counter display unit has been designed to hold four of each shade of Blinkers mascara and three sets of the powder eye shadow (Chesebrough-Pond's Ltd, Victoria Road, Willesden, London, NW10 6NA).

Fruit-flavour lip moisturiser

Lipsaver (£0·19) from Menley & James Laboratories is a moisturiser for the lips available in three flavours: Wild Cherry, Lime and Spearmint. It contains Lantrol to maintain the natural moisture balance of the lips, allantoin which helps heal cracked and peeling lips and a special sunscreen, 2-ethylhexylsalycilate, to protect the lips from harmful sun rays.

Aimed at the 15-24 age group, Lipsavers are packed in white extruding plastic tubes with caps in the same colour as the flavour.

Point-of-sale material includes a four-colour outer in the three flavour colours, cherry, lime and spearmint greens, plus orange. Each outer will contain two dozen Lipsavers, eight of each flavour (Menley & James Laboratories, Welwyn Garden City, Herts).

Men's hairdressing range

Vaseline men's hairdressing range consists of Vaseline hair tonic and scalp conditioner, hairspray and conditioner which contains Viratol and a hair cream and conditioner with a lighter formula. Display material and introductory bonuses are available (Chesebrough Pond's Ltd, Victoria Road, Willesden, London NW10 6NA).

For natural styles

Royal Shield is the name of a new range of hair products from America designed for casual, uncontrived styles such as the "Afro" look. The range consists of Easy Comb conditioner (£1·25), Oil Sheen conditioner (£1·40), Protein holding spray (£1·67), conditioner/hair dress in 2oz size (£0·70) and 8oz jar (£1·67), Blow-out Creme (£1·67) which, the makers claim, help create fuller looking "Afro" hairstyles, and Neutraliser shampoo (£0·70). (Phils Wholesale Ltd, 24 Goodwin Road, Shepherd's Bush, London W12 9JW).

Improved formula Sunsilk

Each of the five variants of Sunsilk shampoo now has a new formula which, say the makers, produces a richer, creamier lather giving more manageability and shine to the hair. They are all available in unbreakable pvc bottles with twist-off caps.

Just introduced Sunsilk Balsam Tonic for dull, lifeless hair which will replace the current tonic variant. Balsam Tonic contains Woodland Balsam and essences of birch and willow to help smooth down damaged hair scales.

The Sunsilk hairspray now includes a

new perfume and resin system which holds the hair longer, and better, say Elida. The hairspray packs also incorporate an atomiser spray-button to give improved directional spraying. This is being introduced by a flash across the hairspray can (Elida, Hesketh House, Portman Square, London W1A 1DY).

Hairspray gift pack

L'Oreal's Elnett Satin hairspray gift pack has a clear, white finish plus gold "snowflake" decoration. The Christmas pack is available in two sizes: 245g (£0·72) and 130g (£0·50) and both are available in the normal and extra hold formulas (L'Oreal, 18 Bruton Street, London W1A 1BX).

Classic floral perfume

Norman Norell, a well known American fashion designer, has created Norell perfume which is a modern-blend floral with soft, green notes. Contained in bevelled, crystal bottles and packed black and white wrappings, Norell is available in various perfume sizes (£8·15, £14·20, £22·75) as a perfume spray (£7·00) and spray in pouch (£11·85) plus different Cologne sizes (£3·95, £6·00, £10·00) and Cologne spray (£4·60) (Norell, 86 Brook Street, London W1).

Protein rich eye shadow

Super Rich Shadows (£0·75) contain proteins and moisturisers to protect the delicate skin around the eye. These eye shadows are packed one to a 2in square case, with its own applicator, and are all hypo-allergenic and fragrance free. Shades available are: Babie Green Frost, Lilac Frost, Babie Blue Frost, Frosty Pale Turquoise or Frosty White plus seven unfrosted ones: Cornflower Blue, Meadow Green, Wood Smoke, Blue Smoke, Turqouise Smoke, Shy Brown and Early Lilac (Revlon International, 86 Brook Street, London W1).

Swim caps

Kleinert's 1973 range

The Kleinert's 1973 swimwear collection contains more than fifty different styles of swimcaps from the sophisticated to the sporty. The range includes Riviera (£0.80) a cap with a cluster of sea anemones for decoration; Buttons and Bows (£1·45) a cloche style cap covered with small rosettes with flapper bows at the temple; Pony Tail (£2·00) head-hugging frame with a pigtail falling from the crown; Romantique (£1·75) a cloche with frills interspersed with contrast-coloured lace and Sophia (£2·25) the return of the swim wig in a modern close-cropped fashion style.

A selection of fabric beach hats have also been introduced, such as Two For the Road, an "Oliver Twist" cap (£1·30) and Terry Topper (£1·30), a stretch towelling cloche. All of the fabric beach hats have a detachable waterproof inner lining for dual-purpose wear and the Kleinert swim caps incorporate their "Magic Inner Flange" which, they say, makes the caps watertight and allows for a smooth fit.

The junior collection this year includes a wide selection of both moulded and trimmed caps as well as a selection of floral trim arrangements, ranging in price from £0·28 to £0·65 (Kleinert's Inc, 91 New Bond Street, London W1).

Household

More colourful flasks

Aladdin Industries have launched new colours in their Concorde range of flasks. Called Harlequin, they incorporate the Astral design printed in black onto polypropylene jackets of blue, orange, yellow and red. The new designs, say Aladdin, are permanent and will wash and wear well.

The Harlequin range also introduces an 8oz size (£0·57) in addition to the 16, 23 and 32oz models (Aladdin Industries Ltd, Greenford, Middlesex).

Hand cleanser in tube

Two 5's hand cleanser (£0·25) from Rozalex Ltd is now being packed in tubes for distribution through the retail trade. It was previously only sold to industrial and commercial users in large sized containers.

A golden gel. Two 5's frees hands from grease and grime quickly, say the manufacturers. The tube is blue and white with matching pack and contains 150g (Rozalex Ltd, Izal Ltd, Thorncliffe, Sheffield S30 4YP).

Disposable wrappings

The new plastic film food wrap from Melitta Bentz & Sons is the latest in a range of disposable kitchen wrappings which also includes aluminium foil, greaseproof paper and fresh keeping bags.

The plastic film food wrap (£0·22) is intended to keep food "visible fresh" in the refrigerator, larder or elsewhere and, say the manufacturers, prevents dryness, odours and spread of bacteria as well as protecting against dirt and flies. This transparent film clings to any shape and is self-sealing like a second skin. It is greaseproof, odourless and tasteless and is suitable for sealing jars and wrapping fruit, cheese and all left-over foods. The product wrap (21¾ yd long) comes in a dispenser with a cutting edge (Melitta Bentz & Sons, Greatham Road, Bushey, Watford, Herts).

Electrical

24-hour alarm clock

The R24 Electronic is a new, fully automated 24-hour battery operated alarm clock from Remington. Features are an automatic selection alarm, a calendar date slot, clear face and a sweep second hand, plus a push-button which lights up the clock face if needed. The R24 Electronic is available in two colours, white or warm orange (£12·95) and carries 12 month's guarantee (Sperry Rand Ltd, Remington Electric Shaver Division, Apex Tower, 7 High Street, New Malden, Surrey).

Sundries

Extra large paper hankies

Kleenex Chiefs are a three-ply, soft tissue handkerchief in a bright red and blue polythene pack containing ten handkerchiefs. They are available in single and triple packs, both of which come in gross cases (48 triples). Singles are also available in half gross cases, with three inner display cases of 24 packs for easier merchandising (Kimberley-Clark Ltd, Larkfield, nr Maidstone, Kent).

Prescription specialities

KLOREFS Sachets

Manufacturer Cox-Continental Ltd, Galen House, Artex Avenue, Rustington, Sussex
Description White effervescent granules packed in sachets, each containing the equivalent of 1·5g potassium chloride
Indications Potassium depletion resulting from: intensive or prolonged diuretic therapy; corticosteroid therapy; use of carbenoxolone sodium or inadequate potassium dietary intake especially in the elderly
Contraindications Hyperchloraemia; renal tubular or metabolic acidosis
Dosage 1 or 2 sachets daily (20-40mEq K^+ and Cl^-) according to the needs of the patient. Sachets should be dissolved in at least 200ml of cold water and should be taken preferably after meals
Precautions Care should be taken in patients with advanced renal failure
Storage In a cool place
Pack Box of 20 (£0·65 trade)
Issued October 1972

Promotions

Biovital 'word game'

Four long weekend holidays in the Rhine Valley next Spring are the prizes in a competition for pharmacy assistants being sponsored by Dr Schieffer-International, Cologne, makers of Biovital. The prizes will include hotel accommodation, all meals, jet flights from London, a boat trip and other excursions, a shopping spree with £10 of extra pocket money and a visit to the company's headquarters.

The competition—the "Biovital word game"—is open to all full- or part-time assistants working at retail pharmacies in the UK. To enter, assistants are asked to make up as many words as they can using letters of the brand name Biovital, and to tick the correct answers on the competition entry form to a series of five questions on the product.

With the consent of pharmacists, entry forms are now being made available to assistants by representatives of the distributors, Radiol Chemicals Ltd, or they may be obtained direct from the company at Stepfield, Witham, Essex. Closing date is November 30; the names of the winners will be announced in January 1973.

Support for cleanser

Advertising is booked in national women's journals during the Winter and Spring for Crowes Creminc, a make-up remover and cleansing cream well known among the theatrical profession (Halas Laboratories, Thorpe Arch Trading Estate, Boston Spa, Yorks).

Ronson incentive scheme

Free shavers, hairdryers and toothbrushes are the incentives offered by Ronson to encourage stockists to advertise their products in local newspapers. Under the "Ronson profit plus scheme", advertising blocks in 4in or 6in double column sizes, with space for the stockists' name and address, are available free of charge.

Once the advertisements have appeared, stockists are entitled to apply for free products in proportion to the amount they spend. The campaign must be agreed to by Ronson beforehand (Ronson Products Ltd, Leatherhead, Surrey).

British Tissues programme

British Tissues are currently involved in a promotional programme of £60,000 for an eight week period on their Dixcel toilet rolls, Dixcel kitchen rolls and Glenrol toilet rolls.

The Dixcel toilet roll twinpack has been re-launched with a guarantee of a minimum of 256 sheets to the roll and the pack features a 2p off normal price offer. The kitchen towels are carrying a banded offer of a free handypack of Dixcel facial tissues worth 2½p; while the six-roll pack of Glenrol toilet rolls has an offer of tights worth 25p in return for two proofs of purchase (British Tissues Ltd, Brougham Road, Worthing, Sussex).

Win a trip to Hollywood

A 100,000 entries figure is reported for the Supersoft hairspray "Win a trip to Hollywood" competition in IPC's *Fabulous 208*.

The competition entailed a listing of singer David Cassidy's personal characteristics and the first prize included a date with Cassidy on the Hollywood set of "The Partridge Family" television series, plus £50 spending money and a year's supply of Supersoft hairspray.

The two-page competition carried colour pictures of all the toiletry products included in the prizes and was supported by a further two-page spread on Supersoft hair care (Reckitt & Colman Toiletries Division, Sunnydale, Derby).

Day out for Remington winners

A free day and night out in London for three Remington retailers, and their wives, is being offered in a competition launched by the *Daily Mirror* in conjunction with the Remington Electric Shaver Division. This promotion is part of Remington's Autumn advertising campaign in which they are using the *Daily Mirror* to support their GT2 battery shaver and their F2 foil head shaver.

The competition leaflet, which all Remington retailers are receiving, has a mock-up *Daily Mirror* bill board on front with the invitation to "Win a day in London". The format asks entrants to place in order of importance eight attributes of the Remington F2 shaver (Remington Electric Shaver Division, Sperry Rand Ltd, Apex Tower, 2 High Street, New Malden, Surrey).

Large outlay for Sunsilk

Total promotional expenditure for new formula Sunsilk shampoos and Sunsilk hairspray, which now has a different perfume plus new packaging, is £1,706,000. £540,000 of the total is being spent on television with two 30-second commercials being produced for the hairspray and two for the shampoo. One commercial will cover the Balsam Tonic and the other the Sunsilk range of shampoos. Television coverage will be backed by full page colour advertising in *Woman's Own, Petticoat, Cosmopolitan, 19, Family Circle* and *Honey* (Elida, Hesketh House, Portman Square, London W1A 1DY).

Cuticura's give-aways

Cuticura's hand cream is now being sold with a free pack of emery boards attached. And banded to each Cuticura bath soap is a free sachet of shampoo, worth 4½p. Media support includes advertisements in *Woman, True Magazine, Pins and Needles, Woman's Realm* and *Woman's Weekly* (Cuticura Laboratories Ltd, Clivemont Road, Cordwallis Trading Estate, Maidenhead, Berks).

Manikin and Brylcreem

Manikin, a leading small cigar, has been selected by Beecham to feature in an on-pack free mail-in offer during October and November. Purchasers of any two of Brylcreem's standard, medium or large tubs are invited to mail-in (enclosing two red foil seals from any size tubs as proof of purchase) for a free box of two Manikin cigars. All the familiar red tubs carry a sleeve featuring details of the offer.

The promotion, which commenced on October 2, coincides with a programme of television advertising for Manikin, whilst Brylcreem will be spending £67,000 in December and January.

Special Sylvia offers

Sylvia disposable tab-end towels are currently carrying a 2p off offer. Instead of 10p per packet of 10, they are now 8p. The trade price is £1·52 for a case of 24 packets and other quantity reductions from Cuxson, Gerrard & Co are: 4 cases of 24 packets—£1·44 per case; 10 cases of 24 packets—£1·42 per case; 20 cases of 24 packets—£1·38 per case; 40 cases of 24 packets—£1·29 and 60 cases of 24 packets —£1·25 per case (Cuxson, Gerrard & Co Ltd, Fountain Lane, Oldbury, Worcs).

Sample after-shave offer

Parfums Givenchy are running a sample offer of a ½oz bottle of Monsieur de Givenchy Eau de Toilette with each 2oz size pack of after shave lotion (£1·60) for a limited period. The counter display unit holds one dozen of the pvc packs which each contains a standard bottle of after shave plus the sample bottle. (Parfums Givenchy Ltd, 3 Station Yard, Twickenham, Middlesex).

Trendy bathroom theme

A £60,000 advertising campaign in support of the Kleenex Toilet Tissue range commences in November and includes insertions in *Woman, Woman and Home, Vogue, My Story, Reader's Digest* and *Ideal Home*. Focussing on the "toilet tissue to match your bathroom" theme it will be backed by display material (Kimberly-Clark Ltd, Larkfield, Maidstone, Kent).

on TV next week

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Askit powders: Sc, G
Close up: All areas
Lucozade: All except E, CI
Lux soap: All except E
Macleans toothpaste: All except E
Phensic: All except CI
Rennies: All except U, E
Signal: WW
Silvikrin conditioner: All except E
Sunsilk hairspray: All ears
Sunsilk shampoo: All areas
Tegrin medicated shampoo: All except E
Viking Brews: M, We

Comment

French lesson

Those who visualise the continental pharmacist in his back-shop laboratory, poring over beakers and burettes (or autoanalysers!), and emerging only to supply potent medicaments to an admiring clientele, may receive something of a shock from the Franco-British Commission paper by M. Georges Francke on Tuesday (p. 589).

Only 10 per cent of French pharmacies have registered laboratories, it was learned. Further, the cost of automation is forcing biological analysis into the larger laboratories (which are not usually attached to pharmacies), leaving a "not very bright future" for the small man. And there is increasing debate on whether it is possible for one man to practise both pharmacy and biology at the same time.

It was also admitted that France is unique in having biological analysis even this far associated with pharmacy—so it says much for the De Gaulle spirit that some of her pharmacists expect the French pattern to be followed in the EEC generally.

Logic dictates otherwise, and those who hope to see the laboratory as a salvation of British general practice must think again. Certainly the simpler routines could become part of the stock-in-trade in country areas—but we need to get the rural doctor's dispensing before we seek his Clinistix!

In urban areas, all but the simplest procedures are carried out in hospital laboratories—and these, as was pointed out in the discussion, are under the control of a medical pathologist who is able to discuss the interpretation of results in a clinical context.

In France, biological analysis is the subject of a two-year specialisation following the first five years of the pharmacy course. The lesson from France seems therefore that the pharmacy degree is, as we have always known, an ideal foundation upon which to build. But to seek to follow the French example (as many have seen it) in general practice is no solution for Britain.

Mr C. C. Stevens, vice-president of the Pharmaceutical Society, who chaired Tuesday's meeting, summed it up when he judged the audience's likely reaction as: "That's interesting, but it doesn't look as though we're going to have to worry about it too much in the future."

Irish initiative

However assessed, the Irish Pharmaceutical Congress, Tralee, was a fantastically successful meeting. It got off to an excellent start even before members had arrived. Many, whilst travelling, heard radio announcements stating that the Irish Society had taken an initiative against one serious aspect of the drug problem by instructing its members to restrict to the minimum their stocks of narcotics and similar preparations.

The Society had adopted a recommendation of the Co-ordinating Committee on Drug Abuse, that pharmacists should dispose of all accumulated stocks of addictive drugs which were no longer being prescribed, by transferring them to the nearest police station for temporary safe storage.

If however an unusual prescription demand occurred soon after the transfer the pharmacist could withdraw such supplies as he required, from the police authority. The preparations would remain with the police until seen by the Society's inspector who would then give instructions concerning the disposal of the drugs.

The scheme was announced to combat the problems caused by the growing number of burglaries at dispensaries and a possibility that pharmacies, where an increasing number of prescriptions were now being dispensed, would receive the attention of those seeking to obtain nefariously stocks of controlled products.

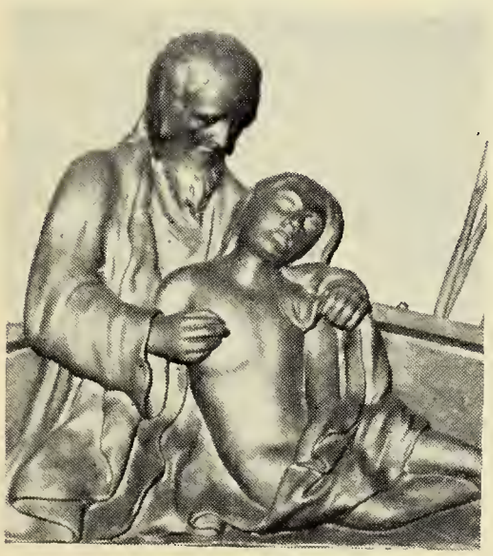
Extremely wide coverage in national and local Press and radio was given to the Society's announcement. The Congress, which had an extremely balanced programme, was immediately put before the public and given publicity that was helpful to the pharmaceutical cause in Ireland at a most apposite time, in view of the transfer of dispensing from the dispensaries to retail pharmacies.

Time and time again pharmacists in Britain have exhorted members of the public to clear out their stock of unwanted medicines, and it is in our view just as appropriate for pharmacists to unload items no longer in demand; such stocks are likely to attract unwanted attention.

Post Scripts

There can't be many chemists which still display a plaster cast of what is believed to be a figure of St Luke, Patron Saint of Apothecaries.

This unusual symbol is mounted over the dispensary door of Woodfield-Cooke's in Hoylake, Cheshire, and it dates back to before the turn of the century. So completely has its presence been taken for granted that our correspondent had to draw the assistant's notice to it before asking permission to photograph it. It seems unlikely that many customers are aware that their prescriptions are compounded under the compassionate gaze of the Saint who was—according to legend—the forerunner of to-day's druggists.



Books

Gaddum's Pharmacology, seventh edition. A. S. V. Burgen and J. F. Mitchell. *Oxford University Press,* Ely House, 37 Dover Street, London W1. 8 x 6 in. Pp 252. £2.

The main change in this new edition of Gaddum's is an expansion of the section on chemotherapy. The text has otherwise been revised to accommodate new drugs and ideas that have emerged since the last edition.

Each chapter starts with a general account of drug action for the particular system under discussion followed by notes on the major individual drugs. But the authors point out that it is not possible, or even desirable, to give comprehensive coverage of all drugs in a book of this size.

PSST! want to hear a NORDIA story?

Mr. C. Brown is a Director of Michael Stewart Limited, an associate wholesale company of Selles Dispensing Chemists Limited, and the person who directed the modernisation programme of three of the Group's 21 shops.

Mr. Brown chose 'Nordia 90' because he wanted the shops to have a high speed selling image without losing the original character and personality of the Selles shops.

"There is no doubt that 'Nordia 90' has done a tremendous job for us. Our Sales have gone up by at least 23% since conversion. We needed a unit shop system that was flexible and modern, but one which would blend in with the personality of the shop. 'Nordia 90' has done everything we hoped it would"

NORDIA

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Tel: 0532 29554

To William Mason & Son Ltd., Gelderd Road, Leeds LS12 6JD

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COMPANY .....

ADDRESS .....

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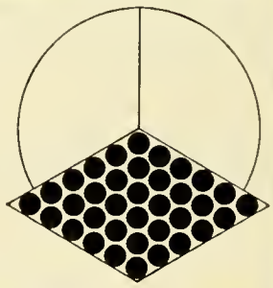

KARU-SELL provides 41½ sq. ft. of impact display in only 8¼ sq. ft. floor area.

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Another 'winner' by Showrax, manufacturers of Eureka Instore Display Equipment.

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Please supply me with further details of revolutionary Karu-Sell

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SHOPFITTING

The importance of good shop lighting for pharmacies

by J. E. Baker, M. Illum ES, Commercial Lighting Specialist, The Electricity Council

When did you last up-date the lighting in your sales area? This is a question which chemists, and indeed any retailer, should ask themselves periodically. If you cannot remember when the lighting was installed, it could be that you are missing something that could improve the image you present to the customer.

Why should we pay so much attention to lighting? A moment's thought will show how much information we obtain through our eyes.

"This caught my eye", "I liked the look of it", "Window shopping", etc. So it follows that light to see by is essential. The next question is usually, "What's wrong with natural daylight?" In the summer months the answer would be, "Nothing, providing that enough penetrates into your shop to do a useful job". But what happens if your windows are restricted or if its the darker winter months? The obvious solution is to use electric light, but how much and of what type?

'Level' competition

Most chemists have an interest in photography and will know something about the units of light. Illuminance or the amount of light falling on a surface is measured in lumens per square metre, known as lux, and the amount required on sales counters should be not less than 300 lux and preferably more. The actual level to be used will be influenced to some extent by the 'competition'. Not in this case, by competing chemists but by the adjacent shops. If your neighbours are brightly lit it is important not to appear dim by comparison, but if they are the dim ones it could pay to be a little brighter still. The large multiple stores, where competition is keen, are using levels of up to 1200 or 1500 lux, so there is plenty of scope for choice.

While having a basic idea of the quantity of light desired is a good start it should not be allowed to override other considerations. How the light is to be provided is important, and the type of lamp and fitting, together with the physical size and shape of the area to be lighted, will influence the final result.

Most retail pharmacies will be happy to accord with the popular idea of hygiene and accuracy that characterises their operation. A high degree of diffusion is desirable, so that there are no dark corners where dust may linger or be thought to do so. Fortunately this feeling of general brightness is appropriate for the large number of small items which constitute most of the stock. Some kind of visual punctuation may be necessary but this will be dealt with later.

For economic reasons most retailers choose fluorescent lamps to provide the general illumination. Basically there are two types of fluorescent lamp: the high efficacy lamps, such as "white", "warm white" and "daylight" are designed to provide as much light as possible at the sacrifice of some quality of colour rendering. These lamps have a high emission of yellow light, near the peak of the eye's response, and a low red emission. Objects seen in their light will have any red colour flattened while the yellows will be enhanced. The other type of lamp is commonly known as "de luxe", because many of them have it as part of their title, but they are more accurately referred to as better colour rendering lamps. Among these are the "warm white de luxe", "natural", "colour matching" and a whole range of individual manufacturer's trade names. These lamps have a much higher red content but do not give as much light as the high efficacy types.

"Colours" or tints range from cool (bluey) white to warm (reddish) white so that a choice can be made between a cool crisp atmosphere and a warm intimate one. A word of warning is necessary; it is not possible to tell the colour rendering of a lamp by the colour it appears to be. For instance, a warm white and a warm white de luxe lamp are almost indistinguishable to the eye but their colour rendering is very different.

Most chemists will have their own ideas about the importance of colour rendering but if the thought is a new one to you, consider how many times your customers take cosmetics to the window to see them in a "natural" light.

Lighting fittings have changed over the years and the current versions have a clean, modern appearance which compliments contemporary shop design. Efficiencies have also improved, and the use of a prismatic control medium, in place of the once popular opal diffuser, gives a more accurate distribution of light as well as transmitting more of it.

If a substantial refitting is being contemplated, it is worth investigating the possibility of reducing the ceiling heights commonly found in older premises. A suspended ceiling at 3 to 4m could provide an opportunity to recess lighting equipment and present a much "cleaner" image. Such a ceiling may also provide opportunities for installing ventilation or air-conditioning equipment and this may be worth a little exploration.

For those, who merely wish to exchange their old lamps for new, there is a very wide range of suitable equipment. At the cheaper end of the range is the pack type of fitting to which can be added various types of attachments. At the more expensive end is the "one piece" unit which is designed as an entity. All can be suspended or surface mounted and many can be conveniently recessed.

Spotlights

It was mentioned earlier that some form of visual punctuation is desrible in the sales area. In many forms of retailing this is provided by large arrays of spotlights, some often having colour or animation to attract attention. In this instance, however, a more restrained and responsible approach is called for and while one or

Continued on p608

The ultimate in environmental services. Here the air conditioning is integrated with the lighting fittings which provide 1100 lux from prismatic controllers

SHOPFITTING

Lighting

Continued from p607

two spotlights may be used where emphasis is appropriate, tubular lamps integrated with shelving or glass topped counters can perhaps better provide these welcome accents. Shelf lighting can in fact serve a dual function, not only delineating the perimeter of the shop and adding visual interest but also enabling assistance to identify items on display quickly and accurately.

While discussing display it is appropriate to touch upon window treatments. Windows are usually shallow and the closed back type is very common. Beams of light are therefore needed, not for emphasis on particular items, but to ensure that fittings in the soffit, for instance, produce a worthwhile effect at the window bed. Sparkle from glass bottles and other specular finishes can be a substitute for the interest of larger spotlit items in seizing the attention from a distance. Coloured tubes for the window back are another way of achieving strong visual interest in a display of many small items.

In summary it may be said that as in any other form of retailing it is important to try to identify exactly the atmosphere one is after. A "chemists shop" may have a pharmaceutical emphasis and so an almost laboratory-like impression is desirable; this would be consistant with colour matching or north light lamps. A shop meeting a wide range of family needs might be better with Natural or one of its derivatives, while stress on cosmetics would imply more tungsten and a rather glamorous treatment generally. Enabling customers to see the effect of lipstick or nail colours under the equivalent of daylight as well as conventional evening lighting is a service they will appreciate. A single cabinet may contain a variety of lamps to do this, but whatever the ultimate choice in the sense of how warm or cool the general light is, the need for good colour rendering is clear.

Illuminated signs

The attractive white casings of the new Easychange range of illuminated window and counter signs are moulded in BP Chemicals Cellobond dough moulding compound (DMC). Manufactured and marketed by Lynester Products Ltd, Nelson Lane, Warwick. Easychange signs have sliding facias in clear acrylic sheet which allow quick interchangeability of messages and easy access for cleaning and maintenance.

Easychange 818 window sign has been designed to give a neat, single sided facia sign at an economical price. The display panel is 8 × 18in and the sign is supplied with one 8 watt fluorescent tube and a 4ft chrome finish hanging chain. Easychange 1351 window sign has a display area of 13 × 51in and is supplied with one 30 watt fluorescent tube and a 4ft chrome finish chain.

Easychange 1339 window sign has a display area of 13 × 39in and is supplied with one 30 watt fluorescent tube and 4ft of chrome finish chain. There is also an Easychange counter sign (No 911) which has a display area of 9 × 11in with one 8 watt fluorescent tube and two moulded feet for counter standing.

Four new illuminated poster signs—also made of Cellobond have been added to Lynester Products' range of standard signs. They are the first on the market to be manufactured in DMC (wood or metal being the usual materials) and are therefore "highly competitive in price, visually attractive and virtually maintenance-free", say the makers.

The signs, back lit by fluorescent tubes guaranteed for 3,000 hours, are claimed to really bring posters to life.

The posters can be changed quickly and easily by snapping open the clear acrylic facia and inserting the poster. The signs come in four sizes: 20 × 15in; 30 × 20in; 40 × 30in and 60 × 40in, and are priced at £13·50, £18, £37·50 and £75 respectively.

1973 exhibitions

Following the success of the first Intershop exhibition of display and shop equipment at Olympia in January, the organisers, National Display Equipment Association, say they are organising the 1973 show at Olympia again, but in a bigger hall.

The exhibition will open daily from 10am to 6pm Sunday, January 14-17.

Space bookings now being received by Westbourne Exhibitions Ltd indicate that the 1973 Shopex International—the self-service display equipment and shopfitting exhibition—will be a big success. The exhibition is due to take place at Earls Court, London, from June 3 to 6, 1973.

Hampstead new look

A 144 years old chemist shop in fashionable Hampstead has recently undergone an extensive shopfitting operation to bring it into line with modern display methods.

The shop, E. B. Stamp, of 29 Hampstead High Street, London NW3, dates back as a chemist to 1828. Mr Clifford Hill, MPS the present owner recently sold many of the mahogany and gold leaf fittings as antiques.

The shopfitting operation was carried out on a Sunday by Storeplan Ltd, Shoeburyness, Essex, who state that they have re-fitted 200 chemist shops to date.

Storeplan were recommended to Mr Hill by another chemist for whom they had already fitted several shops. Mr Hill was conscious of the "antique" image he was preserving, but was so impressed with the "now look" shops of his friend that he decided to take the plunge.

"We are not only pleased with the installation, but sales are up by 20 per cent on last year's figures, reflecting our decision to modernise," said Clifford Hill. "About 95 per cent of shelf space is now used for displays, against 10 per cent previously, and customers serving themselves has lightened the work of the shop assistants."

Part of the modernised pharmacy in fashionable Hampstead

INTERESTED IN SOMETHING EXCITINGLY NEW FOR YOU ?

Well, Interplan System 80 has been developed for your pharmacy to give scope and imagination to your modernisation scheme.
Why not inspect for yourself in our showrooms or write for details on this system with a difference?

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Photograph by courtesy of St. Clair Sampson Ltd.

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Company .....

Address .....

Tel. No. .....

CD/7/72

SHOPFITTING

Space trebled by Blackburn modernisation

A major conversion has just been completed on behalf of Athertons Chemists Ltd, 2 Ightenhill Park Lane, Burnley, Lancs, at their newly acquired pharmacy at 37 Granville Road, Blackburn. Mr Atherton's company owns a total of six pharmacies in the East Lancashire area, each one of which has been modernised by Brian Nichols Ltd within a few months of their acquisition.

The work in this particular unit involved removing two dividing walls and a staircase, thus combining the space formerly taken up by the sales area and dispensary. The resulting sales area having about three times as much space as previously. A new dispensary was created in what was formerly the kitchen, and a new staircase was installed running up to the stores from the new dispensary.

The whole of the new area thus created was fitted with a new false ceiling behind which the ducting for a gas-fired warm air central heating system was concealed. The floors were asphalted and tiled and new lighting and wiring installed.

The original wooden shop front was removed and a new alloy front with twin doors was erected to take its place. An extending canopy was placed along the whole of the front of the property to give an illusion of added space, and the facia, in white with blue lettering, was placed along the front of the canopy and extended down the side of the property again to give an illusion of space.

The sales area was then fitted with showcases, shelves and display bays giving some 400 ft of shelving. Two counters and two electric itemising cash registers comleted the interior fittings.

The work was carried out in the two weeks of the annual Blackburn holiday so as to provide the least inconvenience to the customers, and to minimise the loss of trade due to the shop being closed.

The total cost of the work including joinery, building, electrical and plumbing contracting and the installation of the heating system, together with the supply and installation of the fixtures and counters was approximately £6,500. Mr Atherton has declared himself well satisfied with the outcome of the conversion, and although it is clearly early days for any definite conclusions, the increase in cash sales in the two months since the work was completed is of the order of 25 pc.

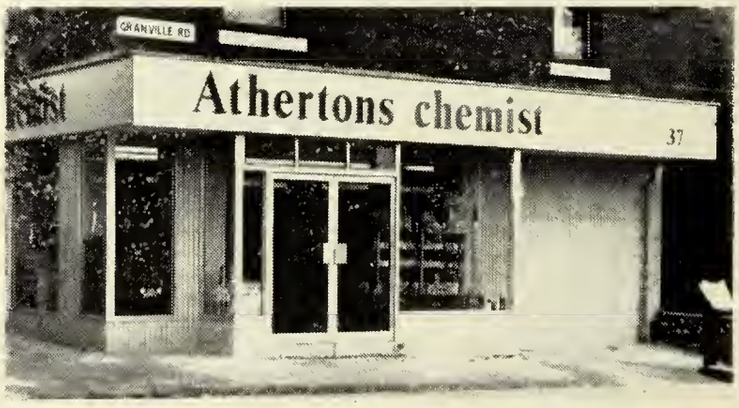
Improved sales bin

Design improvements have been incorporated into the Pop Bin, the sphere-shaped sales bin, made by the Volumatic Co, Taurus House, Kingfield Road, Coventry, following new manufacturing methods.

The latest unit uses Diakon, an ICI acrylic polymer which ensures that the unit is strong, durable and easy to clean, while retaining its clarity. Modifications have also been made to the unit's stand to give greater stability and easier stacking.

The cost remains unchanged at £7·50.

Before and after views of the exterior and interior



Volumatic Security Products

All Volumatic security products are manufactured under stringent quality control and are backed by a one year written guarantee.
The Volumatic Company has 12 years specialised knowledge of retail security and a network of highly trained security consultants covering the country.
You have a shoplifting problem – we have the answer!
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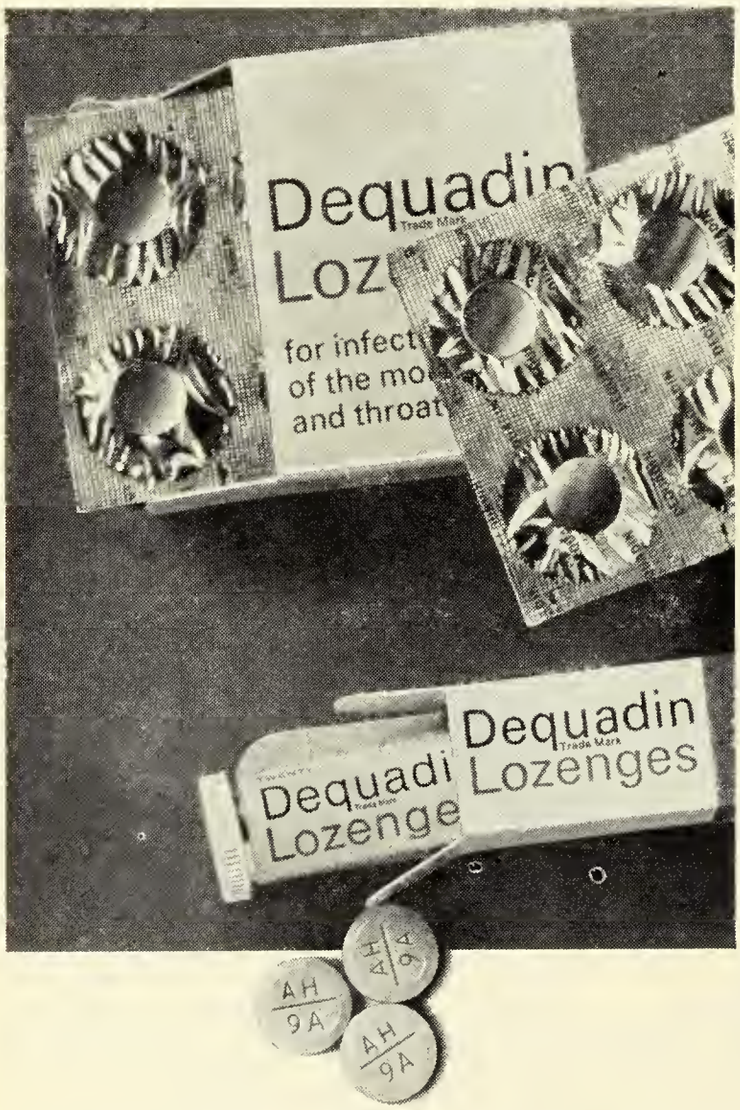

-especially at this time of year.

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Irish Pharmaceutical Congress

Pharmacists and the diabetic

Pharmacists cannot be of much assistance to doctors in diagnosing diabetes, Professor Denis J. O'Sullivan, Professor of Medicine, of University College, Cork, maintained when he read a paper on "The pharmaceutical aspects of diabetes mellitus".

However, Mr R. J. Semple said that Professor O'Sullivan had pointed out the great degree of co-operation which was possible between the two professions. Pharmacists had postgraduate education lectures and several members were of opinion that there must be some common field where they could help the medical profession by conducting biological tests. He did not see any professional clash between doctors and themselves.

Professor O'Sullivan replied that the matter was not that simple. About 3 per cent of people had sugar in the urine, but this would not be due to diabetes. "Get the symptoms and refer the patients to the medical profession because there are complications." "It is a life-long diagnosis and it is critical that it be made with certainty", he added.

Professor O'Sullivan in his address said that diabetes mellitus was a common and chronic disorder of carbohydrate metabolism. It was less common in childhood but from the age of 10 onwards it continued to get more common. After the age of 40 there was a marked rise, particularly among women, and from 40 onwards it became extremely common in women, and common, to a lesser degree, in men.

'Unknown' potential diabetics

A large proportion of people in every country had a genetic pre-disposition to the disease. About 20 per cent had this disposition and this brought one factor, obesity, into play. The speaker estimated there were about 30,000 known diabetics in the country. It was impossible to say how many had the disorder and did not know they had it; some 300,000 to 400,000 might have some abnormality of carbohydrate metabolism.

Discussing insulin—by means of which millions of lives had been saved over the years, Professor O'Sullivan said the different varieties and strengths were calculated to confuse doctors and worry pharmacists in dispensing. Main source of trouble stemmed from patients getting the wrong variety of insulin, confusing the strength or confusing the syringe. Faulty injection technique or omitting the injection were also sources of danger. In the speakers' experience half the complaints about insulin would be laid at the door of the pharmaceutical profession.

The reason the profession was to blame was because they did a number of things which he thought was wrong. There was a tendency among pharmacists to say they had not the correct insulin and recommend another type. Or they might say to the patient: "I have not got the strength the doctor has prescribed. This is a different strength but it will do". So a patient who thought he had 40 strength was sent away with 80 strength. In such case, the patient was given the wrong strength without being told the implications. Sometimes the patient was given a different syringe or needle without being told of the consequences of the change. The best syringe was BS 1619 and the best needle a gauge 17.

Professor O'Sullivan added: "Please explain the implications of the strengths to the patient to avoid any source of error or confusion". Serious and tragic effects were due in the majority of cases to carelessness on the patient's part, but on occasion it was due to an error on the part of the doctor or the pharmacist. Patients in pregnancy needed extra care and pharmacists should always be on the alert for danger. "I feel you, like the medical profession, have a special role to play in the management of this common disability and that your knowledge of this disease will make life much more enjoyable for many and help save a small but precious number of lives".

Answering questions from the floor, Professor O'Sullivan said that pharmacists had an important but non-diagnostic function in looking after patients.

Mr John Burke thought if there was over-lapping between the professions and if the doctors thought there were any shortcomings in the pharmaceutical profession it was incumbent on the medical profession to get in touch with the Pharmaceutical Society.

Professor O'Sullivan said he did not deny that his own profession was sometimes lacking in educating the patient in the seriousness of the misuse of tablets. The finger was not to be pointed at pharmacy only.

Mr Burrell said it was clear the pharmacist was the middle link between the patient and the doctor and if they were able to dispel the anxiety which diabetics usually suffered, they would have accomplished a lot.

Members of Council at the Congress

R. J. Semple is Society's new president

Mr R. J. Semple is the new president of the Pharmaceutical Society of Ireland. He was elected at Tuesday's Council meeting, on the proposal of the retiring president, Mr R. J. Power, and seconded by Mr M. Shannon.

The new vice-president is Dr W. E. Boles, proposed by Mr Semple and seconded by Mr P. Browne. He is succeeded as treasurer by Mr E. J. Burrell, proposed by Mr M. F. Walsh and seconded by Mr W. J. Butler.

Photo competition

A photographic competition was organised for the congress. Awards were made by Agfa Ltd, Kodak Ltd and McAuliffes Photographic Laboratories, Listowel. The prize winners were:

The Agfa Trophy, for the outstanding slide: Mr Michael R. Pettit, The Square, Clara, Offaly.

Section 1 (landscape): First prize, Instamatic Movie Camera M24, with case, G. D. Golden, MPSI, The Medical Hall, Westport, co Mayo; Second, Sekonic light meter, Mrs John McConnell, 45 Castle Grove, Clontarf, Dublin 3.

Section 2 (people at play): First prize, Paximat 50H projector, Michael R. Pettit, The Square, Clara, Offaly; Second, Agfamatic 100 Sensor outfit, Mr H. V. O'Sullivan, PHC Medical Hall, Newmarket.

Section 3 (indoor flash): First prize, Gold Statuette, Mr John Mulrooney, Belfield Pharmacy, Ennis Road, Limerick; Second, Paximat H projector, Mrs Joan McConnell, 45 Castle Grove, Clontarf, Dublin 3; Third, Sekonic light meter, Mr M. G. Whelan, The Pharmacy, 3 O'Connell Street, Limerick.

Dinner tickets

The annual dinner/dance of the Southern Region Pharmacists' Association will be held at the Metropole Hotel, Cork, on November 14 at 7.30 pm. Tickets at £3.50 are available from Mr T. O'Hanlon, Gurranebraher Road, Cork.

Letters

Strip packaging

The growing number of strip packaged tablets and capsules on the dispensary shelves prompts one to attempt once more an assessment of this package style as compared with traditional glass or plastic containers. Certainly the recent debut of a carton measuring $8\frac{1}{2} \times 1\frac{3}{4} \times \frac{3}{8}$ in containing not five super panatellas but the staging total of 20 film-coated tablets each measuring $\frac{5}{16}$ in diameter, underlines the need for some uniformity of criteria to be established.

Common sense would seem to dictate that strip packaging of new products (and especially the conversion of existing product packs) should not be embarked upon unless the proposed package style earns a reasonable score when assessed against all the following criteria.

Product protection: Laboratory data gathered under carefully controlled conditions do not tell the whole story. The strip of tablets, removed as it certainly will be from its protective carton, must stand up to a rough passage in a jacket pocket or in Grandma's handbag, both locations having the abrasive force of a powerful ball mill.

Safety: The absence of individual pocket labelling on strip packs of potentially dangerous medicaments is surely inexcusable, particularly as the bubble pack type of presentation, for example, is attractive to children and is readily opened.

Convenience: Dispensing convenience should not be overlooked, but unless prescribers can be persuaded to write in terms of unit packs or in multiples of whole strips then the form is a positive nuisance on the dispensing bench. Certain of the claims made on behalf of the strip package are tenuous, to say the least. One can readily appreciate its convenience to the diabetic for example, taking regular doses of an oral preparation throughout the day. On the other hand where a single dose of a tablet is taken daily, and this in early morning or at bedtime, the advantage of a strip package is marginal.

Storage space requirement: Traditional packaging methods usually score insofar as the volume of the end product pack is concerned. Many of the bulk cartons containing strip packaged units take up twice the volume of the corresponding traditional package, and are also awkwardly shaped.

Cost: The reduction in packaging labour costs is an understandable incentive to install strip packaging equipment. However, this very factor, coupled with the need to utilise expensive plant to the full, may lead to its application to products for which this method of packaging is totally unsuitable, other criteria being ignored.

C. T. Cresswell
Amersham, Bucks

VAT penalty

I regret having no knowledge of the VAT scheme for pharmacists mentioned by Mr A.R. Ritchie (*C&D* October 7). I migrated from Engand over 20 years ago. Although some taxes have exhibited anomalies I would not go along with Mr Ritchie's thought "that all taxes have their peculiar absurdities".

It is however particularly absurd for pharmacists to have to pay VAT on materials that they may only sell or supply zero rated. The whole idea of such a process which is none other than a costly waste of public money, apart from involving the pharmacist in needless work and immobilisation of some of his capital, must be surely one of the more monumental absurdities ever to be imposed in Britain.

I fear Mr Ritchie may have missed the point I attempted to make in respect of the UK Government taxing the sick. From the date purchase tax was introduced until the date the NHS became operative, galenicals and a vast number of ethicals were subject to purchase tax. Thus dispensed medicines carried in their cost to the private patient a tax element. This tax element was certainly very expensive for the private patient who was receiving a course for a few months of streptomycin prior to that antibiotic being exempt of purchase tax.

Prior to the passing of the 1933 Pharmacy and Poisons Act, there was over 120 years of history of revenue being collected from the sick and the ailing by reason of the Medicine Stamp Act. From memory, liability to duty could be incurred only in respect of preparations to be used, or applied externally or internally, as medicines or medicaments for the prevention, cure or relief of any disorder or complaint incident to, or in any wise affecting the human body. The people hardest hit by this were the poor folk in the industrial areas who could not afford a doctor's fee, nor lose an hour, let alone a day's work for fear of the sack. Such folk strained their family budget to buy their cough medicines, cold relief agents, constipation cures, analgesics, etc, and paid from 25 per cent to 80 per cent duty on the cost of their medicines. I remember the burden that this insidious tax imposed on families in the distressed areas in the twenties.

From April 1 1973 any person living in the British Isles and who still has left a grain of independence and purchases a medicament will pay VAT on such purchases as a penalty for being sick and also as a penalty for not bothering a doctor and placing further strain upon the NHS. Thus in some respects VAT will put the clock back 160 years. Britons who treat their minor complaints themselves will be subject to VAT, but those who needlessly use the doctor's time, increase the NHS drug bill, involve the Customs and Excise in computer time and avoid VAT. I suggest to legislate deliberately for such a situation is unadulterated lunacy.

Iconoclast

Thanks

Through the courtesy of your columns, I wish to thank all those members of our Society who supported me in the recent Northern Ireland Council elections.

I am glad of the opportunity to continue in my work for our profession so that it may gain further strength.

W. T. Hunter
Belfast

Equipment

Automatic tablet monitoring

C.I. Electronics Ltd, Brunel Road, Churchfields, Salisbury, Wilts., have developed a new technique for automatic check-weighing tablets in production. This sampling technique was displayed recently in operation with a Manesty Mark 2 Rotapress.

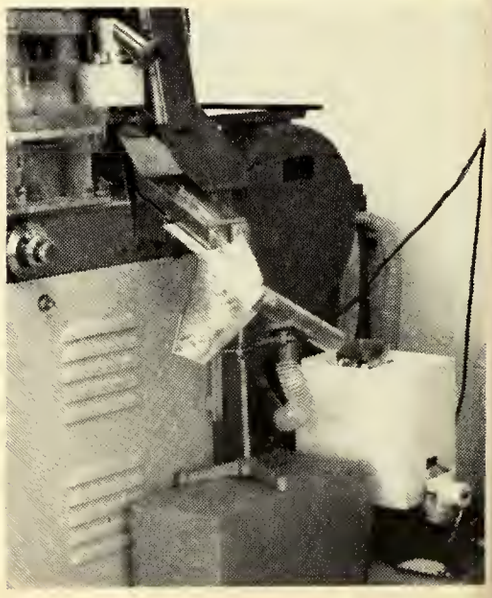
The press has 45 tablet die stations and a production capacity of up to 8,200 units per minute. With high speed production processes, any deterioration in the quality of the tablets, in respect of weight can be a serious problem and the development of a check weight system by C.I. is intended to provide early warning of such hazards to ensure high standards of production and to enable problems to be tracked down.

Tablets are segregated on the exit shoot by means of a solenoid driven deflector plate. Those for check-weighing pass by way of a separate de-dusting device to the balance, which in addition to providing weight information, also has adjustable range facilities for rejection or acceptance of the actual tablets weighed.

Information is provided as teletype visual display, digital display and punch tape for processing. Information relating to the die number is provided alongside the weight in each case. The rate of sampling is about one tablet every five seconds with a choice of two modes—same die sampling or sequential die sampling, and accuracy is to within 1mg.

C.I. Electronics have also introduced an automatic powder balance designed to weigh and dispense powders in pre-determined amounts up to 4g to an accuracy of plus or minus 1mg.

The balance consists of a 30g capacity feed vibrator from which the bulk powder is dispensed. Powder is automatically fed to the weigh pan by a vibrator device up to the pre-set weight. A manual control is also provided for topping-up purposes.



Market News

HONEY 'FAMINE'

London, October 18: What amounts to a world "famine" in honey is being forecast by dealers. Prices are rocketing for all sources. Australian light amber which had risen to £263 ton a few weeks ago is now nearly £310 while Canadian is quoted at £412·50. The United States, normally an exporter is now importing honey.

Although domestic production of honey does not affect manufacturing chemists it is interesting to note this week's announcement by the British Isles Bee Breeders' Association that production by members was expected to be down by 50 per cent this year.

Among crude drugs liquorice root was lower and belladonna root dearer. Dill seed and Sarawak pepper were marked up.

Shipments of Tinnevelly senna pods from the port of Tuticorin during September were:

	US tons	UK tons	Europe tons
Senna			
leaves	9	—	161
pods	—	—	9

There were few movements among essential oils. Ceylon cinnamon leaf, Chinese peppermint were lower with bois de rose sharply up.

In pharmaceutical chemicals the most important change during the week was in bismuth salts which have been advanced in line with the higher metal rate now ruling. Also higher since last published are hydrogen peroxide, iron phosphate, sodium percarbonate, sodium thiosulphate and calamine. Pilocarpine is lower.

Pharmaceutical chemicals

Bismuth salts: £ per kg.

	12½-kg	50-kg	250-kg
carbonate	5·38	5·20	5·15
salicylate	4·53	4·30	—
subgallate	4·83	4·60	—
subnitrate	4·87	4·65	4·60

Calamine: BP is £297 metric ton for 250-kg lots.
Ferrous fumarate: £0·50 kg for 50-kg lots.
Ferrous gluconate: £628 metric ton in 50-kg lots.
Ferrous phosphate: In kegs £0·46 kg.
Hydrogen peroxide: 35 per cent, £149 metric ton.
Iron ammonium sulphate: 100-kg £205 per metric ton.
Iron and ammonium citrate: (per metric ton) granules, 50-kg lots £650 1-ton £620. Scales 50-kg £820; 1-ton £790; green £830.
Iron phosphate: £493·50 metric ton for 50-kg lots
Kaolin: BP is £66 per 1,000-kg in sacks.
Magnesium carbonate: Heavy £192, light £184 per metric ton.
Magnesium hydroxide: BPC £560 metric ton.
Magnesium oxide: BP (per metric ton); light £560; heavy £890.
Magnesium peroxide: 50-kg lots 23-25 per cent £0·59 kg.
Magnesium sulphate: BP from £42 metric ton exsiccated £75-£80 ton, ex works.
Magnesium trisilicate: £470 metric ton.
Pilocarpine: 1-kg lots hydrochloride £95; nitrate £88.
Sodium benzoate: One-metric ton lots £28·33 kg.
Sodium bicarbonate: BP £26·40 per long ton for 8-ton lots in 1-cwt bags delivered.
Sodium carbonate: 89-100% from £23·47 long ton delivered; anhydrous £107.
Sodium chloride: Vacuum dried £8·15 per long ton in plastic sacks for 6-ton lots, ex works.
Sodium citrate £313 per metric ton.
Sodium percarbonate: (Per metric ton) £170·75.
Sodium potassium tartrate: £295 per metric ton.
Sodium sulphate: BP from £35 to £40 per metric ton as to crystal. BP exsiccated £60 ton.
Sodium thiosulphate: £50 per metric ton.

Crude drugs

Belladonna: Leaves £300 metric ton spot, herb £250 and root £245.
Ginger: (ton) Cochin, new crop £245, cif. Jamaican No. 3 £1,050 spot; £850 cif. Nigerian split £210 spot, £185, cif; peeled £310 spot; £285, cif. Sierra Leone, nominal.
Honey: (Per ton in 6-cwt drums ex warehouse) Australian light amber £308·50, medium £298·50. Canadian £412·50. Mexican £340. Chinese light amber £297.
Liquorice root: (metric ton) Chinese £100. Russian £110. Spray-dried powder £396, delivered. Block juice £431·50.
Menthol: (kg) Chinese spot £6·95; shipment £6·20, cif. Brazilian spot and Oct-Dec £3·85; Jan-Mar £3·75.
Pepper: (ton) Sarawak black spot £400; Sept-Oct £390, cif, white £610, Sept-Oct £585 cif.
Seeds: (ton) Anise: China star £175, spot; shipment £125, cif. **Caraway:** Dutch ex wharf £1,060, virtually unobtainable. **Celery:** Indian £340; shipment £265, cif. **Coriander:** Moroccan £80, cif. **Cumin:** Indian £300, cif. Chinese £235, cif. **Dill:** Indian, for shipment £155, cif. **Fennel:** Indian £157, cif. **Fenugreek:** Moroccan £69, cif. **Mustard:** £60-£120 spot.
Turmeric: Madras finger £200 ton; £165, cif.

Essential and expressed oils

Almond: Drum lots £0·68 kg.
Amber: Rectified spot £0·29 kg.
Anise: Chinese £1·55 kg spot; £1·45, cif.
Bay: £8 kg spot.
Bergamot: £9·35-£14 kg as to grade.
Birch tar: Rectified £2·53 kg.
Bois de rose: Spot £3·65 kg; £3·55, cif.
Buchu: English distilled £210 kg.
Cade: Spanish £0·50 kg.
Cajuput: £1·20 kg on spot.
Camphor white: Spot £0·55 kg; £0·34, cif.
Cananga: Java £5 kg, cif.
Caraway: Dutch £7·50 kg; English £21·50 kg.
Cardamon: English distilled £50 kg; Indian £46·50.
Cassia: Chinese £2·30 kg spot.
Celery: English £26 kg; Indian £19.
Cinnamon: Ceylon leaf £1·30 kg, spot and cif.
Clove: Madagascar leaf £1·13 kg; £1·10, cif. English distilled bud £17·60. Stem £5·50 kg, cif. Seychelles leaf rectified £3, cif. Bark, BP £2·20 English distilled bark £88.
Citronella: Ceylon spot £1·18 kg; £1·12, cif. Chinese £1·20 spot; £1·06, cif.
Cod-liver: BP in 45-gal lots £28··80 naked.
Coriander: £8·80 kg spot.
Cubeb: English, £13·50 kg.
Dill: £5·70 kg spot.
Eucalyptus: Chinese 80-85 per cent unobtainable on spot; shipment £0·68 kg, cif.
Fennel: Spanish sweet £2·09 kg.
Geranium: (kg) Bourbon £16·25; Congo £14.
Ginger: English distilled £40 kg; Indian £16·50.
Juniper: Berry £3·08 kg; wood £0·55.
Lavandin: £2·76 kg spot.
Lavender: French from £4·70 kg.
Lavender spike: In 1-metric ton lots £3 kg.
Lemon: Sicilian top grade £10·45 kg c and f; second £8·25.
Lemongrass: £2·15 kg spot; £2·00, cif.
Lime: West Indian £7·45 kg spot; £7·15, cif.
Mandarin: £5·50 kg spot.
Nutmeg: East Indian £4·95 kg. English distilled from West Indian £12, from E Indian £13·15.
Olive: £430-£450 long ton, cif; Tunisian £405-£415, cif. Spot duty paid £490 subject to availability.
Orange: Sweet £0·54 kg spot; bitter from £0·15.
Origanum: 70% £3·40 kg; 30 per cent £1·54.
Palmarosa: £7·50 kg spot, £7, cif.
Patchouli: Spot £7 to £8 spot and cif.
Pennyroyal: £2 kg, new crop.
Pepper: English distilled ex black £35·50 kg.
Peppermint: (per kg) Arvensis Chinese, spot £4·25; Nov-Dec £2·60, cif. Brazilian £1·65 spot; £1·67½, cif. American piperata from £1·60.
Pititgrain: Spot £3·75 kg; shipment £3·75, cim.
Pimento: Berry £4·90 kg; leaf £4·25.
Pine: (kg) Abietis £3·75; pumillonis £6; syvestrie £1·82.
Rosemary: Spanish £1·90 kg, scarce.

Coming events

Monday, October 23

Harrow Branch, Pharmaceutical Society, Northwick Park Hospital, Watford Road, Harrow, at 8 pm. Dr M. D. Eilenberg (consultant psychiatrist) on "The treatment of depression".

Nottingham Branch, Pharmaceutical Society, Postgraduate medical centre, Nottingham, at 8 pm. Joint meeting with National Association of Women Pharmacists. Mr W. G. Smith on "Some impressions and views of American hospital pharmacy."

Tuesday, October 24

Ayshire Branch, Pharmaceutical Society, Savoy Park Hotel, Ayr, at 8 pm. Mr W. S. Allan on "Jewellery and its care".

Isle of Thanet Branch, Pharmaceutical Society, Endcliffe Hotel, First Avenue, Cliftonville, at 7.45 pm. "Bavaria in cine" presented by Mr Hans Brandt.

Leicestershire Branch, Pharmaceutical Society, Postgraduate Medical Centre, Leicester Royal Infirmary, at 8 pm. Mr G. Pratt (chief maxillofacial technician, Leicester Royal Infirmary) on "Prosthetic rehabilitation".

London Branch, Guild of Hospital Pharmacists. Visit to Northwick Park Hospital and Clinical Research Centre, at 7.45 pm.

Research Defence Society, Lecture theatre, Zoological Society of London, Regent's Park, London NW1, at 5.30 pm. The Earl of Halsbury (president), on "Ethics and the exploitation of animals".

Wednesday, October 25

Edinburgh Section, Society of Chemical Industry, Lecture theatre A, David Hume Tower, George Square, Edinburgh, at 5 pm. Lister memorial lecture: Sir Derrick Dunlop on "Medicine, doctors, governments and pharmacists." (Pharmaceutical Society members invited.)

Southampton Branch, Pharmaceutical Society, Lyndhurst Park Hotel, Lyndhurst, at 7.30 pm. Guest speaker, Mr C. C. B. Stevens (vice-president of the Society). Tickets (£3.00 each) from R. J. Holloway, 23 Kinver Close, Romsey, Hants.

West Metropolitan Branch, Pharmaceutical Society, Great Western Royal Hotel, Paddington Station, London W2, at 7.15 pm. Speaker: Mr A. Wade (Editor of "Martindale").

Thursday, October 26

Bedfordshire Branch, Pharmaceutical Society, Luton and Dunstable Hospital, at 8 pm. Mrs Mary Wilkinson on "My work as a probationary officer".

Bristol Branch, Pharmaceutical Society, Dyrham Lodge, 16 Clifton Park, Bristol, at 7.30 pm. Film evening and formulation of resolutions for branch representatives' meeting.

Scarborough and North Riding Branch, National Pharmaceutical Union, Scarborough Hospital, at 8.30 pm. Dr J. Warick Buckler on "The importance of new techniques in assessing the safety and effectiveness of drugs".

Friday, October 27

South East England Region, Pharmaceutical Society, Greyhound Hotel, Croydon, at 8 pm. Mr J. E. Roux (information officer. Diamond Trading Co) on "Diamonds".

Sunday, October 29

Agricultural and Veterinary Practice Group, Pharmaceutical Society, 17 Bloomsbury Square, London, WC1, at 3 pm. Annual meeting. Mr D. F. Lewis (secretary and registrar) on "The distribution of animal medicines under the Medicines Act 1968".

National Pharmaceutical Union, County Hotel, Bedford, at 2.30 pm. Area meeting. Mr K. A. Rutter on "VAT in its implications for pharmacy" and Mr H. B. Coulson on "The Common Market and the NPU".

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Tel: 01–353 3212

Council's ideas on general practice research

Lines of research that the general practice pharmacist might develop are being put forward by the Council of the Pharmaceutical Society in response to a Branch representatives' resolution last year. And the Council is asking each region, and the Scottish Department, to set up a panel of two academic and two general practice pharmacists to advise those who wish to undertake such research.

The Council statement says that the individual pharmacist can make a valuable contribution to the development of the profession by taking a positive interest in a specialised aspect of general practice. "This can take the form of study or research into a particular scientific, professional or sociological problem. The published results of such work would then form a constructive part of the total effort towards the continual improvement of the pharmaceutical contribution to the nation's health care."

It is anticipated that in the majority of cases the ultimate aim would be the satisfactory completion of the work and the publication of the results. In some, however, it could also lead to a higher qualification, such as a Masters degree or—at similar standard—the Society's Fellowship.

The list of 50 topics—which has not been "critically assessed"—ranges from measurement of physical changes in preparations to the value of bonus offers, and self-medication patterns. Many would require laboratory facilities, but there are also suggested management and NHS projects requiring "library and advisory facilities only".

Details can be obtained from regional secretaries at the Society's London or Edinburgh headquarters.

Aspirin 'warning' cards released

Treatment cards warning patients that they have been prescribed a medicine which should not be taken with aspirin, were being distributed by the Pharmaceutical Society this week.

Pharmacists in general practice will receive a list of drugs with which the card should be issued:— Ethyl biscoumacetate, phenprocoumon, warfarin sodium, nicoumalone, acetohexamide, chlorpropamide, glibenclamide, tolbutamide, tolazamide and methotrexate.

In a covering letter, Mr D. F. Lewis, the Society's secretary and registrar, adds that acetomenaphthone, an ingredient of a few chilblain and vitamin preparations, should never be taken by patients being treated with coumarin-type anticoagulants. As an alternative to aspirin for these patients, paracetamol is recommended for occasional use.

Mr Lewis also recommends that the drugs requiring a warning card to be issued should be stored together.

Barclaycard concession for NPU members

The National Pharmaceutical Union has negotiated a concessionary "service charge" of 4 per cent—1 per cent below the normal rate—on Barclaycard.

According to the latest NPU *Supplement*, the rate will be "shaded" to 3½ per cent where the average transaction is more than £5 in any month. The NPU say the advantages of being a Barclaycard retailer include elimination of worthless cheques and bad debts, "just looking" customers turned into buyers, and more expensive goods bought.

The Pharmaceutical Society is said to have withdrawn its objection to participation since the directory of member retailers is no longer published.

Access, the competitive credit card launched this week, is also understood not to be publishing a list of participating retailers—but a spokesman did not expect the average sale in the pharmacy to warrant the use of the card. However, pharmacies with big photographic or optical business were being recruited.

Digoxin content test in BP

A uniformity of consent test for digoxin tablets will become official in the British Pharmacopoeia from February 1, 1973.

The amendment, recently published by the BP Commission, describes a test which involves crushing and dissolving individual tablets in various reagents. The solution is cleared by centrifugation and the extinction of the supernatant is measured.

The operation is carried out with ten tablets and their digoxin content is calculated. The sample passes the test if the content of each tablet is between 80 and 120 per cent of the average. The test was instituted following recent problems over the manufacture of digoxin tablets (*C&D*, August 5, p. 177).

The amendment also contains five changes referring to the use of "authentic specimens" rather than "standard preparations" in tetracycline identification tests. Copies may be obtained from: The Secretary, British Pharmacopoeia Commission, 8 Bulstrode Street, London, W1.

Nielsen test proves brand's dependence on the retailer

The importance of retail trade backing in a product's market strength—and the need for manufacturers to woo the retailer with trade promotions—are underlined in the latest *Researcher* published by the A. C. Nielsen organisation.

Nielsen were asked to examine the effect of withdrawing a costly annual trade promotion on "brand Y". They found that withdrawal led to an immediate falling off of retailer buying-in, showing an increase of only 27 per cent (due mainly to seasonal influences) against 59 per cent in a control area where the promotion was continued. Retail stocks tell much more in the test area, leading to out-of-stock positions.

Most striking, however, was the sales gain of only 19 per cent over the base period, compared with 38 per cent in the control area where the trade promotion was preserved.

"Obviously, a withdrawal of the trade promotion was no longer considered seriously in formulating next year's marketing plan . . . far from saving money, the elimination of the trade promotion would probably have gone a long way towards eliminating brand Y as a profit-maker," Nielsen concluded.

A Nielsen spokesman told *C&D* that "brand Y" was a nationally-advertised product sold by grocers, which was normally the subject of a trade "deal".

Safety Committee defines 'efficacy'

Guidelines to policy on efficacy were received by the Committee on Safety of Medicines in 1971, according to the Committee's first annual report (it took over from the Committee on Safety of Drugs on October 1, 1971).

It is the committee's belief that the main purpose of the Act was to provide a safeguard against indiscriminate promotion of dangerously toxic medicines, or medicines of inadequate quality, but that it had never been intended that it "should be used to deny to the public a large number of products which presented no hazard".

The Committee believed that in the case of herbal, homoeopathic and other unorthodox remedies it would be possible to ensure, for example by labelling requirements, that the public were aware that they had been considered so far as effectiveness was concerned, in terms of their own particular theory of medicine. For all other medicinal products the Committee considered that it was important that the public should not be misled by claims which were un-substantiated.

"If a medicine not known to be effective were recommended for the treatment of a serious illness for which there was already a satisfactory treatment, this would constitute an unacceptable risk to the patient. Similarly if a medicine were likely to be quite ineffective in the treatment of any disease for which it was recommended and yet carried the slightest risk to the patient, the Committee would regard it as unsafe for use as recommended.

Safety clearance for ten new 'pills'

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In a report issued this week the CSM concludes that "although a carcinogenic effect can be produced when some of the preparations are used in high doses, throughout the life span, in certain strains of rat and mouse, this evidence *cannot* be interpreted as constituting a carcinogenic hazard to women when these preparations are used as oral contraceptives."

The Secretary of State for Social Services has accepted the Committee's report and conclusions.

The studies were instituted after mestranol was found to cause liver damage, including on occasion the development of hepatomata, when administered in high doses and for prolonged periods to rats. The pharmaceutical industry was asked to undertake studies on possible long-term toxic effects of the substances. It did so and met the cost itself. "But the evidence has been consistently negative," explained Sir George Godber, the chief medical officer, Department of Health, this week. During the studies about 250,000 microscopic slides had been examined. Extensive tests did not support the previous work showing liver damage.

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Those are the conclusions of a paper in last week's *British Medical Journal* coming from the department of pharmacology and therapeutics, University of Sheffield. In an analysis of 250 cases of self-poisoning admitted from 1966-71 it was found that over 80 per cent of the patients had used prescribed drugs.

The commonest substances employed were barbiturates (30 per cent) followed by tranquillisers (20 per cent) and salicylates (18·8 per cent). Changing proportions of the major drugs used were evident throughout the six years.

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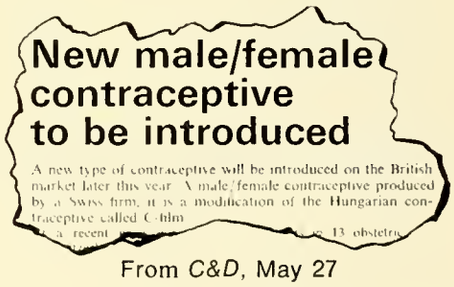
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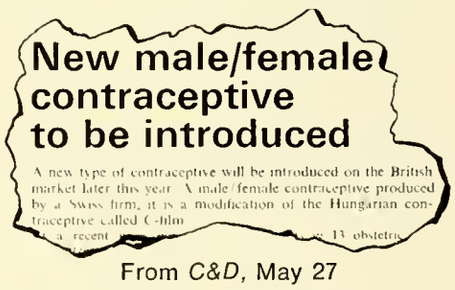
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Company News

A third bidder for the Cockburn chain?

Following the announcement that Weston Pharmaceuticals Ltd were to bid for the share capital of the Glasgow-based chemists, Cockburn & Co Ltd (*C&D* last week p 591) Cockburn's directors state that discussions are in progress with another party which are expected to lead to an alternative offer being made, which would lead to a merger with Scottish interests in the same field. Prior to the Weston bid, an offer by a London financier was withdrawn.

Beatson, Clark prepare for export drive

A new export process and dispatch centre was opened for Beatson, Clark & Co Ltd, at Rotherham on October 17 by the Earl of Limerick, Parliamentary Under-Secretary of State for Trade. The centre is a 50,000 sq ft, £200,000 complex designed specifically for the handling, packing and processing of export consignments to over 80 countries.

Before asking Lord Limerick to perform the ceremony, the chairman, Dr A. W. Clark, told the audience that since 1962 exports had risen from £50,000 per year to £1m. Any further export expansion would have been inhibited had they not decided last year to build the centre. He was confident that together with consequential administrative developments the centre would enable them to increase their exports to £2m a year within the next five years.

Greeff's first half

Greeff-Chemicals Holdings Ltd made a profit on trading in the first half of £92,498 (against £58,831 on the corresponding 1971 period). The figures include estimated share of profits (losses) of associated companies.

With dividend income from trade investments profit after tax is £220,385 (£212,123).

An interim dividend of 5½ per cent is declared.

Display companies merge

Two companies, Norman Pendred. & Co Ltd and Cellgrave Ltd have combined to form one of the country's largest point-of-sale display houses.

The new company has a one-floor building at Catford, London, where all print production is housed under one roof and also the Cellgrave works at Peckham which is now the administrative centre for the whole group. The new name and address is: Norman Pendred-Cellgrave Ltd, Philip Road, Peckham, London SE15 (tel: 01-639 3627).

Rockware up at halfway

Group net profits of Rockware Group Ltd before tax for the 26 weeks ended July 2, were £767,000, an increase of 17½ per cent over the comparable period in 1971.

The chairman, Mr Peter Parker, states that underlying this improved profitability are the advances made in operational efficiency and in the market share gained during a period of no-growth for glass containers.

Cadbury bid £14m for Jeyes

Cadbury Schweppes Ltd have now made a bid for Jeyes Group Ltd which values Jeyes at £14m and it is being recommended by Jeyes' directors. Smith & Nephew Associated Companies Ltd who hold almost 20 per cent of Jeyes equity are accepting in respect of their holding.

Briefly

Mr F. W. Grace, MPS, trading as Lansdale & Co Ltd, having retired, has sold his branch pharmacy at 261 Desborough Road, High Wycombe, Bucks, to his manager, Mr S. Kirkbride, MPS, who took over on October 1. As announced earlier (*C&D*, October 7, p496) the Queen Square pharmacy was acquired by R. Weston (Chemists) Ltd.

Underwoods (Cash Chemists) Ltd have opened a branch at 174 High Street, Kensington, London W8. The premises comprise just over 2,000 sq ft on the ground floor plus basement staff and storage accommodation. This is the eleventh branch of Underwoods. Two more larger branches are to be opened in central London within the next three months.

National Cash Register, Dayton, USA: During the third quarter earnings continued to improve, with net income totalling $4,411,000 or 19 cents a share on revenues of $389,689,000. In the third quarter of 1971 the company earned $4,431,000 or 20 cents a share on revenues of $354,065,000.

Associated Chemists (Wicker) Ltd: At the twenty first annual meeting of the company recently, a silver pestle and mortar were presented to the retiring founder-secretary, Mr Leonard Stocks, MPS, in recognition of the work he had done for the company.

E. A. Brocklehurst Ltd held their annual dinner on October 17. Mr G. W. Hind of the company's Willerby Road, Hull branch was presented with a cheque in recognition of that pharmacy's "excellent performance during the year".

Bowater Paper Corporation Ltd are to take over Ralli International Ltd in an agreed bid of £80m. Among the assets of Bowater is a 50 per cent share in Bowater-Scott Corporation. Ralli Industries are international traders.

Mr H. G. M. Osborne, MPS, 3 Wellesley Parade, Strawberry Hill, Twickenham, is retiring. The business has been acquired by Mrs G. M. Clark, MPS, and Mr N. Evans, MPS, who will trade under the name of Strawberry Hill Pharmacy from November 1.

United Glass are to spend £1m on a new warehouse at their Alloa factory following the previously announced £3½m investment programme in manufacturing capability.

Gillette Co, USA: Net income in the three months ended September 30, rose to $20·93m from $15·6m in the same period of 1971. Sales advanced 23 per cent to $228·29m and earnings by 50 per cent.

Tuco Chemical Co is the new trading title of Walter Gregory, the farm-sales division of Upjohn Ltd, Crawley, Sussex.

A party of Ghanaian pharmacists, studying at hospitals in Britain, recently visited Glaxo Laboratories, Greenford, where they toured the pharmacy and analytical laboratories. They are seen here in the analytical department with deputy head Mr W. H. Thompson. The pharmacists' training in hospital practice in the UK was arranged by the Department of Health and Social Security

People

Dr George H. Hitchings, vice-president in charge of research for Burroughs Wellcome Co, North Carolina, USA, has been awarded this year's Cameron Prize in Practical Therapeutics by Edinburgh University.

Dr Hitchings receives the prize in "recognition of his outstanding contributions to the treatment of diseases by the development of anti-metabolic drugs with a wide variety of applications in the treatment of infection and malignancy and in immune response."

Deaths

Erasmuson: On October 18, Mr John Wiliam Erasmuson, MPS, 11 Milton Crescent, Edinburgh 15. Mr Erasmuson qualified in 1920.

Klein: On September 30, Mr A. J. (Jack) Klein, for many years chairman and managing director of Max Factor Ltd, aged 72. Jack Klein was appointed managing director when the company commenced operations in the UK in 1935. He remained managing director until 1966 when he was appointed chairman. Mr Klein retired from the company early in 1970, remaining on the board of directors.

McCarthy: On October 16, Mr Michael Joseph McCarthy, MPSI, Church Street, Ennistymon, co Clare. Qualifying in 1927 Mr McCarthy conducted his own pharmacy in Ennistymon for over 40 years.

Phillips: On October 12, Montague Alexander Phillips, DSc, FRIC, MIChemE. Dr Phillips who contributed several articles to *Chemist & Druggist* over the years was principal of Dr M. A. Phillips & Associates, consulting chemists, Romford, Essex.

Earlier while working with May & Baker Ltd he was closely connected with the discovery of sulphapyridine (M&B693). He also discovered a fluoro acetamide series of systemic insecticides.

Power: Suddenly on October 11, Mr Maurice Michael Power, MPSI, 18 Dunluce Road, Clantarf. Mr Power qualified in 1959 and managed a number of pharmacies in Dublin and at the time of his death was in charge of Dolans' Pharmacy, North Side Shopping Centre, Dublin.

Shaw: On October 11, Mr Lewis Henry Shaw, MPS, 100 Falcondale Road, Westbury-on-Trym, Bristol, Mr Shaw qualified in 1927. He joined Hodders Ltd in September 1945 as assistant to the managing director, was appointed director in 1953, joint managing director in 1961 and chairman in 1967. Mr Shaw retired in 1969.

Topical reflections

BY XRAYSER

Packaging

THE points raised by Mr C. T. Cresswell (Letters, p. 614) in regard to strip packaging seem to lend considerable support to the occasional imprecations I indulge in in the pharmacy. I, also, have expressed myself strongly in the matter from time to time, except that the reaction has been one of spontaneous combustion and not a cool, detached "more in sorrow than in anger" appraisal such as that admirably expressed by your correspondent.

Mr Cresswell alludes to the accommodation question, for some of the new packs cover at least twice the area of their more modest predecessors and, like modern buildings, tend to accept the principle of "high rise". With what is described as unit packaging, the problem of an outer of some kind to carry a label becomes one of increasing frustration and difficulty. And many of the public are quite unfamiliar with the bubble-pack—I have been asked to demonstrate (a task I have undertaken with varying degrees of success), on occasion producing a shattered tablet.

Even apart from the strip packaging, there are other minor matters which have probably, in an unguarded moment, caused even Mr Cresswell to express himself, in the seclusion of his dispensing department, with something warmer than the clinical detachment he brings to his task when writing letters to the editor. One such is the replacement of a clear and functional label, easily read, with a gaudy production of many bright colours, quite unrecognisable at a glance as the product we have known for many years. I have no doubt the design department has to justify itself, but the dispensing products to which I refer are not competing to catch the eye of the public to provoke impulse-buying. Their message should be simple and clear so that all who run may read. Then, if I may return to an old theme, comes the difficulty of gaining access to containers.

Breaking and entering

There is the bottle cap, attached to a metal ring. In theory, all one has to do is to give a smart twist, and the cap comes off in one's hand and leaves the collar round the neck of the bottle. In practice, after prolonged struggle, the collar and the cap revolve together and recourse is had to the tool-box so that entry may be effected. And of course there is the plastic container with a tab to pull—a tab which sometimes behaves perversely by allowing itself to be detached without its collar coming away, and another engineering task is on our hands. Such are only a few of the minor irritations to add to the list provided by Mr Cresswell, with whose well-expressed views I am in complete agreement.

But before leaving the dispensing department there is one other matter to which I would refer. I have previously grumbled—I think that is the right word—about the antibiotic syrups which have, in the manner of war-time dried eggs, to be reconstituted before being sent out. Sometimes directions as to the quantity of water to be used appear on the carton, sometimes on the label itself, and with one notable exception, the details have to be searched for.

One, which all practising pharmacists will recognise, calls for the addition of 57 ml of water, and I have posed the question of a formulation requiring that quantity of water. But the latest product of the kind directs that 59 ml of water be added. Was it quite impossible, when formulating the product, so to have arranged matters that an easily measured 60 ml would have produced the desired result? I should welcome the comments of the firm concerned.

Appointments

Unichem Ltd have appointed three more representatives. They are Messrs Keith Barker (part of South-east London and Kent area), George Williams (Birmingham district, Staffordshire and Worcestershire) and Colin Smith (Sussex and Hampshire)

Smith Kline & French Laboratories Ltd: Mr John Groom (34) is to succeed Dr Edward Paget MD, as managing director of the company and as director, pharmaceuticals UK and Eire effective from November 1.

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in all qualities

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Tel: 041-221 4425
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FAST and ACCURATE, the KL7 can handle 1,000 tablets each minute. You just press the the start button and feed them in. 16 electronically controlled heads do the rest. Clear electronic numerals give the final count.

Your tablets fall into a specially designed scoop—and you've saved yourself valuable time to spend on more important tasks. *Time that begins to add up over a whole winter.*

Backed by NPU recommendations, the KL7 is already a success in Pharmacies, Hospitals and dispensing Surgeries all over the U.K. and abroad.

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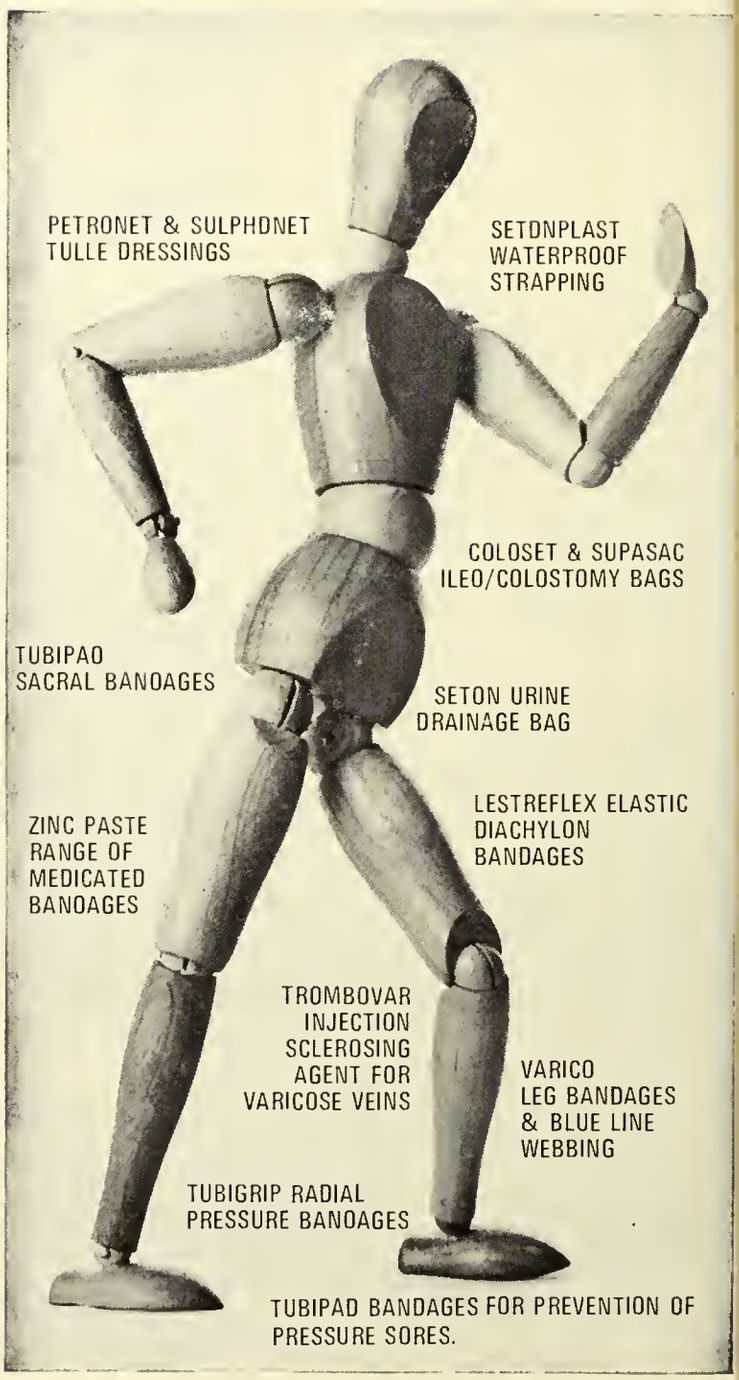
ADDRESS .....

TELEPHONE ..... HALF DAY CLOSING .....

SIGNATURE CDA1

To: Kirby Lester Electronics Ltd., Osborne Industrial Trading Estate, Waddington Street, Oldham, Lancs. Tel: 061-624 0044.



Seton

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. . . by a wide range of Surgical Dressings and appliances. They are now being regularly prescribed by General Practitioners, and can be obtained through any Wholesale Chemist.

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New products and packs

Cosmetics and toiletries

Double duty colour pots

Double-decker pots from Almay are screw-together tubs with a mirror on top, each containing a pearl and gloss version of a single shade for the lips and eyelids. Colour n'Gleam Double-decker lip pots (£0·90) are available in six shades: Coffee Bean n'Gleamer, Baked Plum n'Gleamer, Cinnamon Toast n'Gleamer, Red Berry n'Gleamer, Pink Heather n'Gleamer and Bright Mango n'Gleamer. Shadow n'Gloss Double-decker eye pots (£0·90) also come in six colours: Flowering Plum n'Gloss, Brown Rice n'Gloss, Blue Bamboo n'Gloss and Turguoise Silk n'Gloss (Almay Cosmetics, 9a New Bond Street, London W1).

New Leichner shades

Leichner have added two shades to their greasepaint range of Form C standard sticks (£0·27). They are No. 3 Mid Pink, a flesh-toned pink which Leichner recommend for making porcelain-like complexions of the pink and white period; and No. 54 Mid Peach, a little lighter than the discontinued No. 53 Peach Special, and therefore suitable for creating the peaches and cream complexion of a natural blonde, brown or redhead (Leichner, 13 New Bond Street, London W1Y 9PF).

Oil for home massage

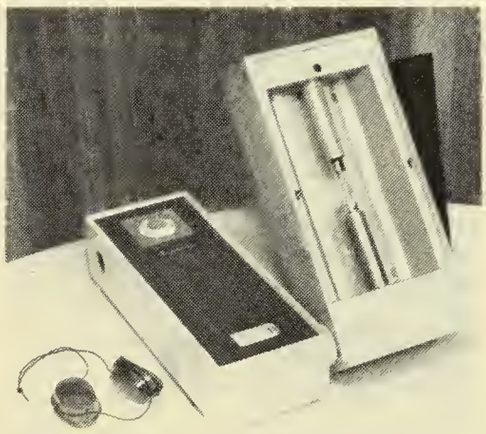
A light-textured oil originally developed for use during facial massage by professional beauticians is now available from Dorothy Gray called Salon Formula (£0·82). Once the oil is absorbed, say the company, it will smooth, soften and prevent any "dragging" of the skin while massaging. Each bottle contains enough for at least one month's course of treatments. Salon Formula will be available at the beginning of December (Gray Products Ltd, 2 Marshall Road, Hampden Park, Eastbourne, Sussex).

Men's toiletries

The Aramis collection for Christmas consists of nine gift sets including the Aramis decanter, a 12oz decanter filled with Cologne (£7·50) the Vanguard (£5·20) with 6oz cool spray talc and 2oz each of Cologne and aftershave, the Ensign with 2oz of Cologne bound in brown velour (£1·90) and the Emissary (£5·70) with 4oz of Cologne and 4oz of aftershave (Aramis 71 Grosvenor Street, Mayfair, London W1X OBH).

Presents from Azuree

Azuree Christmas gifts from Estee Lauder include the Sunshine Necklace (£6·00) which is an amulet filled with Azuree solid perfume on a golden chain; Azuree



Apothecaries (£7·50) green glass jars containing Azuree bath preparations; the Boutique Ceramic (£7·50) an elegant decanter holding European mineral bath salts and the Azuree Fragrance Finale (£6·00) consisting of 3oz of Silken dusting powder and the Parfum Boutique spray (Estee Lauder Cosmetics Ltd, 71 Grosvenor Street, London W1).

Anti-perspirant choice

Mitchum-Thayer have launched a perfumed anti-perspirant liquid (£2·12). This is also being introduced in a trial size of 14cc (£1·25) as well as the 28g size. Other new products are an anti-perspirant cream (£1·25) being produced in a trial size, 22g, and "T" Breath Freshener (£0·46) (Mitchum-Thayer International, Sunley House, Croydon CR9 2DB).

Electrical

Sunbeam health lamp

Sunbeam have introduced a dual-purpose health lamp (£16·95) for sun-tanning and for infra-red treatment. It is a compact unit which comes with a timer, goggles, a wall bracket and 15ft cord (Sunbeam Electric Ltd, Nerston, East Kilbride, Glasgow).

Prescription specialities

SIMECO tablets

Manufacturer John Wyeth & Brother Ltd, Taplow, Maidenhead, Berks
Description Green, spearmint flavoured tablets each containing $Al(OH)_3$ 375mg, as a 750mg aluminium hydroxide/sucrose mixture, and activated polydimethyl siloxane 250mg
Indications Relief of hyperacidity and flatulence associated with peptic ulceration and dyspepsia
Contraindication Hypophosphataemia
Dosage five or six tablets daily, between meals and on retiring
Notes Aluminium hydroxide may form a complex with tetracyclines and reduce absorption
Side effects Constipation may develop in some patients
Pack Box of 100 (10 rolls of 10) (£1·75 trade & PT)
Issued October 30, 1972

VELOSEF capsules

Manufacturer E. R. Squibb & Sons Ltd, Regal House, Twickenham, Middlesex
Description Orange/blue capsules each containing cephradine 250mg and blue capsules each containing cephradine 500mg
Indications Treatment of infections of the urinary, respiratory and gastrointestinal tracts and of the skin and soft tissues
Contraindications Known hypersensitivity to the cephalosporins
Dosage *Adults*: (urinary tract infections) 500mg four times a day, severe or chronic infections may require larger doses (respiratory tract infections); 250mg four times daily and (gastrointestinal tract infections) 500mg three or four times daily
Precautions Should be used with caution in patients with known hypersensitivity to penicillin because of evidence of partial cross-allergenicity between the penicillins and cephalosporins. Care should be exercised in patients with renal impairment
Side effects Usually gastro-intestinal and mild in nature. Skin reactions have occasionally been reported
Storage In a cool place
Packs Of 20, 250mg (£2·81 trade) and 500mg (£5·53) and 100, 250mg (£13·50) and 500mg (£26·65)
Supply restrictions TSA
Issued October 30, 1972

VELOSEF syrup

Manufacturer E. R. Squibb & Sons Ltd, Regal House, Twickenham, Middlesex.
Description Powder for reconstitution. Prepared syrup. Containing cephradine 125 mg/5ml orange with an aromatic fruity flavour, and syrup containing 250mg/5ml wine red with a fruity flavour
Indications, etc As for Velosef capsules
Dosage *Children*: 25-50mg/kg/day given in four divided doses. For severe or chronic infections the dosage may be doubled but the maximum dose should not exceed 4g/day
Notes The syrup is reconstituted with 65ml of water
Shelf life Discard unused syrup after 14 days if stored in refrigerator (5°C) or 7 days at room temperature
Dispensing diluent Syrup BP
Packs Bottles of 100ml, 125mg/5ml (£1·40 trade) and 250mg/5ml (£2·81)
Supply restrictions TSA
Issued October 30, 1972

Correction

Cox-Continental Ltd's new speciality is known, as Kloref-S and not as stated last week. Kloref-S granules, packed in sachets, contain betaine hydrochloride 2·07g, potassium bicarbonate 1·35g and potassium chloride 0·5g—equivalent to potassium chloride 1·5g.

Trade News

Diluting Dorbanex

Riker Laboratories, Morley Street, Loughborough, Leics, wish to draw pharmacists' attention to the fact that Dorbanex Forte should not be diluted to meet prescriptions for Dorbanex. This is because the ratio of dihydroxyanthraquinone to polaxolkol in the Forte product is 3 : 40 (75 mg dihydroxyanthraquinone and 1,000 mg poloxalkol per 5 ml dose) whereas in Dorbanex the ratio is 1:8 (25 mg dihydroxyanthraquinone and 200 mg poloxalkol per 5 ml dose).

In circumstances when it is necessary to dilute Dorbanex to provide a 5 ml dose (eg dosage for children), syrup BP or tragacanth mucilage BP should be used.

New size Libresse

An economy size pack holding 20 Libresse sanitary towels has been introduced by Sancella, Harpenden, Herts, with the same dimensions as the 12-towel pack. Design follows the green leaf theme with a pillow-case top and is flashed new economy size.

Simplified occult blood test

Smith Kline & French Laboratories Ltd, Welwyn Garden City, Herts, have introduced Hemoccult, a test supplied in kit form for hygenic detection of faecal occult blood. Hemoccult is a guaiac-based test, engineered, the company states, for maximum ease of handling. The kit consists of 100 impregnated paper slides with sealable flaps, one of which is opened to receive the smear taken by the physician, nurse or patient. The slide is then re-sealed and sent to the laboratory. Application of the developer to the reverse side reveals the presence of occult blood within 30 seconds. The kit provides all necessary spatulae and developing solution for processing the 100 slides.

Norinyl 'continuous dosage'

From November 1 Syntex Pharmaceuticals Ltd, St Ives House, St Ives Road, Maidenhead, Berks, are marketing a "continuous dosage" form of Norinyl-1 called Norinyl-1/28 (£0·31 trade). The additional tablets in the pack are orange.

The company also announce that the Norinyl-1 multipack (6's) will be discontinued and Norinyl-1 will only be available in outers of 20 wallets.

Bonus offers

Beecham Toiletries, Beecham House, Brentford, Middlesex. Silvikrin conditioning rinse. 13 bottles for the price of 12.

Mitchum-Thayer, Sunley House, Croydon CR9 2DB. Mitchum "T" Breath Freshner. Introductory bonus of 16 to the dozen.

Counter display pack for C-film the new "his and hers" contraceptive introduced this week by Potter and Clark Ltd, 9 Wellesley Road, Croydon. C-film is sold in packs of ten at £0.65. The full story is on p628

Promotions

Children's foam bath

Children's foam bath, a recent addition to the Camberwick Green range by Wright Latman & Umney Ltd is being advertised in *Woman, Womans Story, True Magazine, True Story, True Romantics, Pippin, Play Land* and *TV Comic* up until December 31. The foam bath is packed in plastics tubes which allows children to collect them after the contents have been used and initially there are two characters—Dr Mopp and Sgt Major Grout. The price of each is £0·24 (Wright Layman & Umney Ltd, Sanitas House, Stockwell Green, London, SW9 9JJ).

Personal care advertising

Remington have booked their personal care advertising programme to run from November 13 to the pre-Christmas week. The advertisements major on the Remington Hairstyler and the Hot Comb for men. A total of seven advertisements will appear in the *Daily Express, Daily Mirror, Daily Mail, The Sun, Sunday Mirror* and *Sunday People* as well as Christmas gift advertisements in women's journals which include *Woman, Living, Readers Digest* and *Woman's Realm* (Remington, Sperry Rand, Apex Tower, 7 High Street, New Malden, Surrey KT3 4DL).

Fiesta on television

A £90,000 national television campaign on Fiesta kitchen towels commences October 30. Consisting of 30-second and 15-second spots, the campaign will run for six weeks (Bowater Scott Corporation Ltd, Bowater House, Knightsbridge, London SW1X 7LR).

Guest soaps display unit

A new counter display unit from Roger & Gallet holds 12 boxes of their guest soaps which come six to a box. In each unit

there are six boxes in assorted fragrances, 2 each in Oeillet, 2 in Bois de Santal and 2 in Rose Thé. The sides of the display unit carry the slogan "pour le week-end, le voyage, pour vos invités". (Roger & Gallet, 16 Lettice Street, London SW6).

Babettes money-off coupons

Support for Babettes disposable nappies includes full-colour page advertisements in women's journals and in specialist mother and baby press from November. And almost 2 million coupons, worth 4p off each Babettes purchase, are being given away in *Woman* during November (Bowater Scott Corporation Ltd, Bowater House, Knightsbridge, London SW1).

Consumer offers

☐ Kirbigrip hair grips have been carded with 120 grips to each card but will be sold at the recommended price for 90 (£0·15) (Newey Goodman Ltd, Robin Hood Lane, Hall Green, Birmingham 28).

☐ Silvikrin conditioning hair rinse is carrying a 4p off reduction on bottles and a "buy one, get one free" offer on sachet size during the introductory period (Beecham Toiletries Division, Beecham House, Brentford, Middlesex).

on TV next week

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Askit powders: Sc, G
Beechams powders: All except E
Close-up: All areas
Fiesta kitchen towels: All except E, U
Lux soap: All except E
Macleans toothpaste: All except E
Phensic: M, Lc, WW, So
Radox: All except E
Rennies: All except U. E
Signal: Ln, M, WW, So, A, We, CI
Silvikrin conditioning rinses: All areas
Sunsilk hairspray: All areas
Sunsilk shampoo: All areas
Tegrin medicated shampoo: So
Tom Caxton: Lc
Venos cough mixture: All except E
Vosene: All areas
Viking Brews: M, We

Comment

Going for principles

The National Pharmaceutical Union Executive Committee seems to be having a struggle with its conscience in deciding policy on the "principles" of European pharmacy, adopted by the profession in "the Six".

Having accepted three of the principles in June of this year, the Executive is now "sharply divided" on the question of out-of-hours service, and proposes to investigate (yet again?) the evidence of inadequate facilities (p. 629). Meanwhile it is held that there is "widespread access" to emergency pharmaceutical services outside normal opening hours.

In its lack of decision, the Executive is undoubtedly reflecting the opinions of the NPU membership—indeed, of the profession. There was a similar division of opinion among pharmaceutical committee representatives when they considered the relevant clause in the Linstead report, and among South-London NPU members at a Mallinson House "open day" earlier this year—though there was more general support for a 24-hour service at the British Pharmaceutical Conference at Keele, when co-operation between hospital and general practice pharmacy was mooted as an answer to the problem.

Most of the arguments against the provision of a service have centred on mechanics rather than principles, however, and in the European context it should surely be the "principles" that take precedent at this stage.

Is it possible for the NPU—or anyone in pharmacy—to support the Europeans' claim to a monopoly of medicines sale and supply, limitation of outlets (and thus a degree of protection from professional competition), and the duty (and right) to control medicines at all stages from manufacture to dispensing, without at the same time accepting the responsibilities the Europeans themselves propose to accept?

In the "charter for European pharmacy" it is stated that pharmacists brought into association under the Treaty of Rome shall solemnly aver that they have a social function to perform in the interest of public health, which must not be left to individual initiative. This would surely imply that there should be collective responsibility where the provision of a service would bear unduly on certain members of the profession. The Brussels system of a pharmacy being "on duty" for about three one-week periods in a year (*C&D* October 14, p545) shows that the burden can be distributed fairly in practice.

Government thinking

There is another "principle" in the EEC pharmacy "charter"—"the pharmacist's fees must be justly proportioned to his responsibilities, obligations, functions and social position." Thus Britain's EEC entry could bring the whole of the European profession's influence to bear on government thinking concerning payment for pharmaceutical services.

At the LPC representatives conference, one delegate made this point in connection with rural dispensing: "If it is difficult for patients to obtain medicines, that is a pharmaceutical, not a medical problem."

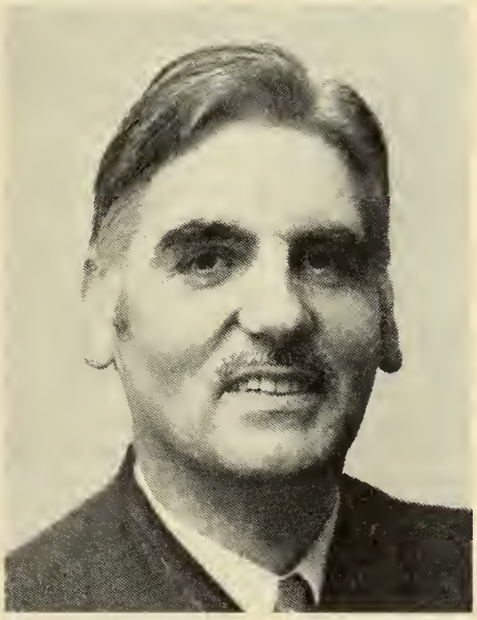
When deciding on "principles" for Europe, it might be better for the profession to be showing how much the public requires the services of the pharmacist—so that in turn, it can demand the right to be paid for providing that service.

Irish Society's new officers

Mr Robert J. Semple, MPSI, the new president of the Pharmaceutical Society of Ireland is a native of Moville, co Donegal, Mr Semple has had experience of many facets of pharmacy including hospital services and community pharmacy; his interests now lie in the pharmaceutical industry and he predicts an expansion of career opportunities for graduates, arising out of the projected growth of the industry in Ireland. He is a member of the Institute of Pharmacy Management.

The new President was first elected to the Council in 1958. He has held the offices of treasurer (1968-1970) and of vice-president (1970-1972). He is current chairman of the Post-Graduate Education Committee. He is also a founder member and the first chairman of the Hospital and Public Pharmacists' Association.

Mr Semple is keenly interested in plans for structural changes within pharmacy, necessary to comply with EEC principles,



Mr R. J. Semple

These include the harmonisation of academic qualifications with a view to the mutual recognition of professional qualifications and the enactment of appropriate medicines legislation. The new president hopes that the planned extension of the degree course to four years' duration will become a reality in the near future. He will urge the early implementation of legislation as proposed by the Poisons Council (*Comhairle na Nimheanna*). Mr Semple aims at maintaining and improving where possible, the good relations existing at present with kindred health professions.

The new vice-president, Dr Boles, comes of a family steeped in pharmacy, his father and a brother and sister being also pharmacists. A quiet, unostentatious worker he has been on the Council since 1965. As a member of the Joint Health Services' Negotiating Committee he played a leading part in the negotiations leading up to the implementation of the new Health services scheme while he has been no less active or effective as the Society's representative on the Working Party on Drug Abuse. He was also the Council's nominee on the joint medical and pharmaceutical committee for the drafting of the Irish national formulary. He is married and has a young family.

Mr E. Burrell who is the Society's treasurer has been keenly interested in pharmaceutical politics since his student days. He is acknowledged as one of the profession's outstanding impromptu speakers and has few peers as an after-dinner speaker.

Professional News

Conference of Scottish Pharmacists

The problem of drug misuse: pharmacists and doctors must work together

There is a continuing need for pharmacists and doctors to get together and exchange information concerning the misuse of drugs, said Dr F. Fish, reader in pharmacognosy and forensic science, Strathclyde University, when speaking on "Misuse of drugs" at the conference of Scottish pharmacists held at Aviemore on October 22.

Nobody denied the doctors' right to prescribe as they wished, but "we think they should stop and think how they are prescribing and for whom". Dr Fish questioned whether doctors realised to what extent they contributed to the drug misuse problem. He also added there was need for a policy of education on all aspects of the drug problem at all levels. Education was required for doctors, medical students, those in the paramedical services, teachers and most especially the young.

Pharmacists, who should be intimately associated with health education, must not only be vigilant with regard to the issue and security of drugs, but should also be prepared to pronounce on the real dangers of drug abuse.

Need for information

Drug misuse was a constantly changing problem and there was a need for reliable up-to-date information. The development of the recent problem could be traced over the past decade, during which there had been a spate of legislation attempting to contain the escalation of drug misuse. That legislation had been responsible for changing the situation. As controls have tightened on one group of drugs, so increases in misuse of other substances have occurred.

Whilst the picture varied, there were a few broad areas—within which CNS drugs figure constantly—where doctors and pharmacists should heed the dangers of over supply. Not all the drugs have accepted places in medicine, but as the expert on drugs, the pharmacist must be knowledgeable also in the totally illicit substances such as LSD, cannabis and other hallucinogens.

In Britain a number of types of dependence were recognised, including those relating to morphine, cocaine (seldom encountered alone, usually associated with diamorphine dependence, LSD, amphetamine, barbiturates and cannabis). To some extent drugs were "convertible currencies" and multiple drug use was not infrequent.

A side effect of the Dangerous Drug Regulations 1968 was that certain addicts, unable to obtain what they regarded as adequate supplies from drug treatment centres, turned their attention to barbiturates for intravenous use. As an example of the rapid spread of information amongst those in the "scene", not only did it become known that barbiturates would give a "buzz" but also that certain branded products were preferable for that purpose. Hence a certain selectivity in obtaining particular barbiturates by fraud or theft.

Recent Home Office figures show that the total number of addicts has remained fairly stable. Methadone is the commonest drug used by known addicts.

Communication is undoubtedly a factor in drug misuse both at international and local levels. Dr Fish said one was bound to question the policy of some operators in the mass media who not only sought to sensationalise anything and everything concerned with drugs, but who sometimes referred to specific formulated products by their trade names. "This practice is not necessary and is to be deprecated".

A study of the figures and arrests in connection with offences in which drugs were central to the crimes committed in Glasgow since 1969 show:

(a) a year by year increase, with the first eight months of 1972 giving a total almost equal with that for the whole of 1971.
(b) the involvement in the main of young people—an increasing number of school age.
(c) a greater involvement of males.
(d) the major drug—in the euphoria context—is cannabis.
(e) the decline in misuse of amphetamines since a voluntary ban on prescribing in January 1971.
(f) the increasing availability of LSD.
(g) the emergence of methaqualone, the control of which from 1971 was clearly needed.

Although the figures in relation to the prescribable Dangerous Drugs are relatively small, most refer to pharmacy break-ins and are important in relation to illicit supplies for the recently increased number of "hard drug" users, especially morphine users, in the city.

Self-poisoning

Another aspect of drug misuse is self-poisoning, a problem involving the pharmacist and in which the general medical practitioner in deeply implicated.

Many millions of prescriptions are issued for sedatives, hypnotics and tranquillisers. A significant quantity of such preparations were not used, but hoarded possibly to become the target of "pleasure seeking" youngsters or the means of attempted self-destruction by unhappy and frustrated members of society. Not all self-poisoners were bent on self-destruction but some of them achieve it, especially with hypnotics and more especially if these are consumed with alcohol.

Recent studies at the Western Infirmary, Glasgow, reveal that self-poisoning cases now account for 16 per cent of all their adult (over 15 years old) acute medical admissions. The incidence has risen constantly since the inception of NHS but the graph has risen much more steeply in the last decade, the increase coinciding with that found in other forms of drug misuse. The ratio of female: male self-poisoners has narrowed. Barbiturates are used in 20 per cent of cases, other hypnotics—especially methaqualone and to a lesser but still important extent, nitrazepam and glutethimide—as one group, and tranquillisers—chiefly diazepam and chlordiazepoxide—as another, now account for similar percentages of the total, with antidepressants being the major drugs in about 10 per cent of cases. None of the latter groups appeared in the 1965 figures.

Most of the aspirin misuse and some of the mis-used paracetamol is obtained by over-the-counter sales—but a disturbing fact is that the vast majority of mis-used drugs are prescribed medicines.

'Become security minded'

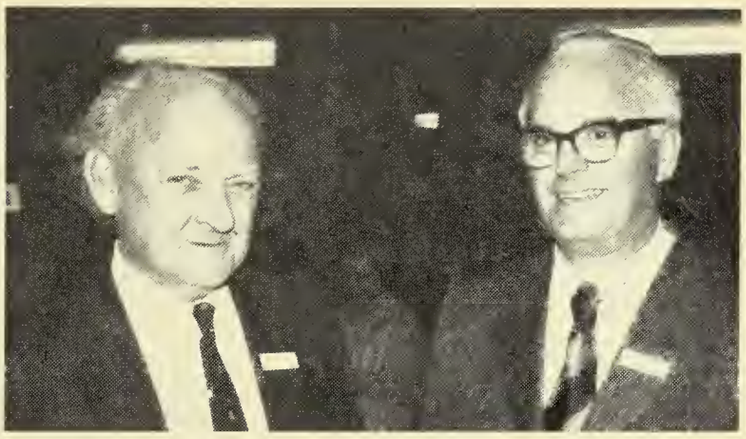
The second contribution is the morning session was by Mr E. M. Dalglish, assistant chief constable, Glasgow. He urged pharmacists to become security minded—"if the thief is kept outside, the dangerous drugs are safe inside".

Nobody wanted to be dragged out of bed at night to see the result of a break-in—nor arrive at his premises on Monday morning to find premises in disarray. Pharmacists should look at their premises and seek the help of the police crime prevention service. Such action would not only be of benefit to the pharmacist but would also help to contribute to reducing the amount of drugs in illicit circulation.

The Misuse of Drugs Act 1971 will impose quite a strict control of drugs covered by the Acts. He understood that certain firms supplying drug cabinets have "jumped the gun" and are making approaches to pharmacists, hospitals and nursing homes. As this part of the proposed new legislation had not become law he was unable to give authoritative approval or disapproval to these cabinets. He recommended pharmacists to be careful if they received any approaches about such cabinets and seek the advice of the local police. There was the possibility of getting approval from the police for systems other than the use of such cabinets, and pharmacists should aim to get "closer to their local police officers" and seek guidance. Nothing but good could come out of such good relationships and they would often avoid the pharmacist becoming involved in drug misuse problems.

A disappointing feature of the security of drugs by retail pharmacists was the lack of response to suggestions to run down stocks. In Glasgow the police carried out a survey of every pharmacy and officers

Mr J. Stewart, chairman of the Scottish Executive, with Mrs Macmorran and Mr J. A. Myers



Dr W. R. L. Brown, the Macmorran lecturer, and Mr A. Roxburgh

went round to encourage pharmacists to think about the security of the fabric of the pharmacy. They also raised the question of overstocking. Dangerous Drugs of "the 30-40 year vintage" were found. In these days of good communications and deliveries such accumulations were unnecessary. He asked pharmacists to find a reasonable "norm" for their stocks.

About the forgery of prescriptions, Mr Dalglish said a great deal could be and was done in curtailing this crime. He did not suggest that every script should be subject to an unreasonably minute scrutiny, but "when your suspicion is aroused—when you look at a prescription more than twice—at that moment you should check carefully. Don't keep your suspicions to yourself, get on the telephone to the local police".

An early warning system has been instituted in Glasgow whereby the local police on contacting either Dr Fish or Dr Chilton, could have a message passed to wholesale chemists who will in turn disseminate it to every pharmacist in the area. The scheme had been so successful that it was being used in areas other than the misuse of drugs.

"Could I suggest that you get into a closer relationship with your local police or drug squad officers, whether it concerned security or any other matter. If you have a problem in connection with drugs, discuss it with them so that appropriate action can be taken. The proceeds of one quantity of drugs being obtained illegally can lead to a great number of people being introduced to the misuse of drugs and its terrible consequences."

On the Misuse of Drugs Act 1972 Mr Dalglish said he regretted the omission from control of the intravenous barbiturates. On the matter of education he had some misgivings in respect of teaching young people "something of which they had no knowledge" possibly engendering inquisitiveness. It might be better to include the dangers of drug abuse in a general health education programme linked with the dangers of tobacco, alcohol, etc, removing the possible glamour afforded to "drugs" when dealt with in isolation.

During the discussion some members pointed out that publicity concerning drugs often came from the police. Mr Dalglish said it was often difficult to control what is to be released.

Another suggested that the "NP" scheme should be banned from CNS drugs. Mr Stewart reminded everybody that it was a question of "balance", it was difficult to see where one responsibility ended and another began. When asked about drug treatment clinics, Dr Fish and Mr Dalglish agreed that there was not sufficient provision for treatment at this time. The problem was there was no one method of approach. It was agreed that only a few could be treated at a time. Facilities are not adequate.

Mr J. Myers suggested that the enormous numbers of prescriptions for barbituates and tranquillisers were "marriage licences" for taking drugs legally. The police should be lecturing to parents and teachers. "We are failing to teach children how to attack the battle of life."

A member criticised Executive Councils for stamping of prescription forms with the doctor's name and address in addition to his reference number. It gave added information to the would-be forger.

Mr A. Roxburgh, Glasgow, wanted a routine set down for the destruction of Dangerous Drugs, but another member said that his professional integrity had been accepted when he had advised that drugs had been destroyed.

The hospital pharmacist as an applied scientist

The first Macmorran Lecture was given by W. R. L. Brown, chief pharmacist St Bartholomew's hospital, London, at the afternoon session of the Conference of Scottish Pharmacists. The title was "The hospital pharmacist as an applied scientist."

Dr Brown said his address required two definitions: What is a hospital pharmacist? and What is an applied scientist?

In his view a hospital pharmacist was better referred to as a pharmacist who was practising his profession in a hospital environment.

He continued. "We have grown accustomed or perhaps *conditioned* to think of and to refer to hospital pharmacists, general practitioner pharmacists, industrial pharmacists and academic pharmacists. I would prefer a terminology which refers to pharmacists practising in hospital, pharmacists engaged in general practice, pharmacists employed in or by the drug and medicines industry and pharmacists engaged in academic pursuits (this meaning teaching, research and learning). The difference in terminology which I prefer is that the word *pharmacist* comes first.

"There may be a variety of ways in which the pharmacist can achieve his professional aims but these aims must be eventually to make a contribution to the wellbeing of the patient. In whatever field of practice we find ourselves functioning as pharmacists, let us not lose sight of these aims as they are the reason for our very existence.

"Wellbeing means a reduction in the time it takes the patient to return to being a fully participating member of the community, or a reduction in the discomfort or pain which he experiences while in an abnormal or diseased state, or, in the final analysis, in reducing the agony of leaving this life.

"As pharmacists we can contribute to the alleviation of human suffering (directly or indirectly) in all its aspects. It matters not in what field we choose to practise . . but if we lose sight of our ultimate professional aims then we prostitute our profession. Let us also be clear in our minds that no one field of practice of our profession can function completely independently of the others.

"It is not my objective today to put the entire world of pharmacy to right, but it is my objective to try and demonstrate how the hospital pharmacist can come, at least close to, achieving, what I believe to be the purpose of the profession."

Dr Brown reiterated that the hospital pharmacist could not function in isolation from his fellow pharmacists. He was dependent upon the support of all the other sections of the practice of pharmacy. Further if he did his job properly he would also depend upon collaboration with disciplines practising within the hospital. For example, any one who set out to establish a quality control system for medicinal products in a hospital and ignored the facilities and expertise available in the chemical pathology department was ignoring an opportunity of extending his own expertise and range of activity, of econo-

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Scottish Pharmacists' Conference

The applied scientist's training need

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mising on the use of apparatus and perhaps even contributing to the knowledge, expertise and range of activities of the chemical pathology department,.

An applied scientist was, or should be, versed in the knowledge of one or more of the generally recognised scientific disciplines. Pharmacy was fortunate in being multi disciplinary. He should be trained in how to acquire more knowledge and remain familiar with advances in his disciplines. Even more importantly his mind should be trained to 1) recognise a problem, 2) to define it, 3) to devise methods of investigating the problem, 4) to analyse and compare the results of the investigation and, 5) when possible, to reach a conclusion from the investigation or, if a positive conclusion was not possible, at least advance a hypothesis which could lead to further investigations depending on its pertinence. This is a facile definition of a scientist.

The applied scientist, unlike the so called pure scientist brought his essential scientific analytical approach to bear on problems which had an immediate practical significance. There was an interdependence between the two types of scientist since the interests of the pure scientist might be influenced by the use to which the results of his labours were being put by the applied scientist.

Get close to the patient

So what was in a name? It was obviously a question of degree but equally obviously, "if we accept as our aim the wellbeing of the patient, the closer we get to the patient the more applied our science will be. I would stress here that the development of the role of the pharmacist as a scientist in hospital practice could have a profound effect on the practice of the profession in other fields. The hospital pharmacist is often the first pharmacist the future general medical practitioner or consultant meets and the impression created at that stage can influence the attitude of medical practice in general to pharmacy". If we were to go forward as partners with those in medical practice in improving the wellbeing of our patients it was important that the first impression was good.

The hospital pharmacist in his aspirations as an applied scientist had potential advantages over his professional colleagues. He, worked in closer proximity to the patient and medical partners than pharmacists practising in either the academic or the industrial field. He had the advantage over the general practice pharmacist of having at his disposal at least potentially more readily available scientific facilities, equipment and collaboration. But whatever he achieved could only be to the benefit of the profession as a whole.

Dr Brown then considered the applied science involved in the dispensing of tablets, bearing in mind the references to recognise, define, investigate analyse, compare and conclude. "First—the mechanics. Is there a problem? Do we walk about too much? Do the patients wait too long? Are the tablets arranged in the best order? Where are they located in relation to the point of receipt of the prescription, the containers, the labels, the point of issue? How do we answer these questions? We draw a plan with flow patterns and measure them —then consider the alternatives. Time the existing operation and decide if it is worth changing everything around. If it is, change it and time the new operation. If the second operation takes longer than the first one we blow 'a gasket' and go back to the first one."

Worthwhile exercise

Many would call that work study or management and perhaps it was but it was also a simple example of the principles of applied science. If it saved the patient waiting time and released the pharmacist and his staff for other pursuits then it was a worthwhile scientific exercise. There was, however an aspect to this problem other than the mechanics and that was to ensure that the right drug reached the right patient in the proper form and that he knew how to use it as it was intended to be used. "Here is where the pharmacist really becomes an applied scientist and a professional practitioner." Only the pharmacist, not the work study or management expert could appreciate the potential danger of the material being handled, the hazards in their usage and the safety checks necessary in their processing and issue.

The applied scientist should not be content with a procedure which "will do" but would apply science to determine that which was the best one in the use of equipment, space and manpower, compatible with the accuracy required in the product. Having established a procedure, methods must be devised to ensure its continuing efficiency and the faithfulness with which it was followed by its operators. "This is the process of quality control."

"If we look for an example of the production of medicines in hospital practice in which the initial formulation is simple but the subsequent processing of this formulation is complex, we need look no further than intravenous fluids. Firstly we need apyrogenic water. Does the still being used produce apyrogenic water? How does the water get to the point of use? Is there a possibility of microbial contamination? Is there a possibility of the production of pyrogens before the water is used? Are the solids to be dissolved in the water apyrogenic? Do we dissolve and mix these solids effectively? Do we subject the solution to a process which reduces the particulate matter content to an acceptable level? What is an acceptable level? Do we distribute the solution into its final containers in a manner which excludes particulate and/or microbial contamination? And do we secure the container with an adequate closure? (an adequate closure meaning one which will preclude the contamination of the contents of the container during its subsequent sterilisation and storage up to the point of administration). Do we subject the product to a process of sterilisation which will guarantee the sterility of *every* individual container? Do we then also subject the product to an examination which guarantees its suitability for use with regard to particulate content? Do we ensure that the product reaches the point of administration in a satisfactory state?

"Each and every one of these questions which I have asked should be recognised as a potential source of pharmaceutical inacceptability. Each should be investigated to find the optimal procedure. The decision on the process to be followed will depend on the results of the *whole* investigation."

A few hospital pharmacies were inspected by the DHSS and it was recommended that the majority should suspend production of intravenous fluids and that others should be investigated. Later regional pharmacists considered and judged the cases and decisions were made to cease production because the facilities failed to meet the "orange guide". That guide was no more than "applied science". In each case the hospital pharmacist had not been properly equipped or financed and had failed to apply the science of his profession.

It should be recognised that for many years hospital pharmacists had "soldiered on" in spite of staff shortages and difficulties. But that could not continue. "We must not undertake responsibilities without financial reserves and we must demand the resources to ensure the creation of job satisfaction. We are individually members of a profession and as such responsible for our actions and in turn we must have the right to expect to be convinced of the corrections of any advice, direction or instruction we receive."

Dr Brown enumerated a number of examples where hospital pharmacists had "applied science" in their pharmacies, mentioning the work of Dr Harold Davis, Dr T. D. Whittet, Mr J. W. Hadgraft, Mr Wing, Mr J. A. Myers, Mr G. Calder, and Mr A. Roxburgh.

Noel Hall opportunities

There was currently a tremendous reservoir of applied science in hospitals. For too long had there been a dependence on the overtime of dedicated individuals.

The Noel Hall report had now provided the opportunities throughout the regions by the changed career prospects. Dr Brown believed that applied science projects could be established and incorporated in the new regional quality control centres by the DHSS.

The new knowledge gained could be fed back to the "centre" and passed out again to all who could benefit. However, it should not be taken that he was suggesting that research was the main job of pharmacists. "Our *raison d'être* is to get medicine to patients," but a full recognition of pharmacy would only come from the research that was undertaken.

Professor Hugh Campbell in thanking the speaker for the lecture mentioned the presence of Mrs Macmorron and other members of the family. He thought there was a need for pharmaceutical educationalists to read the lecture. He had known George Macmorran and his views on pharmacy. He knew that he visualised that scientific training should increase.

Irish Pharmaceutical Congress

Six months' experience of the new Health Scheme

A claim by the principal officer of the Department of Health, Dr J. A. Robins, that pharmacists operating the new Health Services scheme in the Eastern Health Board area were receiving a return of approximately 35 per cent on the average prescription item of £0·81, was hotly disputed from the floor during a discussion on "A review of the operation of the Health Services for the initial six months".

So also was Dr Robins' assertion that the cost of medicine for Dublin patients was proving 50 per cent greater than the total cost of the doctors' fees.

Mr Sean Hillery and others challenged Dr Robins' figures and claimed that he had not distinguished how much of the 35 per cent was actual profit for the pharmacist as opposed to costs and expenses. They pointed out that the pharmacist received an average of 21p per item, of which 3p represented a container cost and a wastage allowance, leaving a net figure of 18p.

Dr Robins said it was obvious they were arguing at cross purposes, but the figures he had been given had come from the computer. He pointed out that at £12·40 for the average patient in Dublin city and county for prescribed medicines alone, the annual rate was considerably higher than for Wicklow (£5·85) and Kildare (£4·40). The number of items of medicines and appliances in Dublin worked out at an annual average of 15·4 compared with 6·1 being prescribed in Wicklow and 4·8 in Kildare. In Northern Ireland the annual per capita cost of prescribed medicines in the family doctor service was about £6, and the average number of items 6·5.

Dr Robins said the exceptionally high rate of consumption in Dublin was to some extent influenced by the fairly large number of elderly persons and young children covered but the main explanation lay in the fact that patients in Dublin tended to seek the free health services rather liberally.

High cost of antibiotics

Dr Robins felt that the figures for co Kildare were most likely to reflect what the experience for the rest of the country would be. In volume and cost antibiotics were clearly the main category of medicines in the Eastern Health area, amounting to about 12 per cent of all prescriptions and representing about 13·5 per cent of the total cost. Next came analgesics and antitussives (8·5 per cent), followed by tranquillisers (8·2 per cent) and hypnotics and sedatives (6·1 per cent). A total of 1,140 doctors and 1,178 pharmacists were participating and about 840,000 persons were eligible.

Dr W. E. Boles, the Society's treasurer, said that some pharmacists participating in the Eastern Region had been disappointed with the volume of dispensing and others had been surprised at its extent. The "spread" had been determined by the distribution of medical card holders and the varying popularity or accessibility of the participating doctors. There had been difficulties of interpretation of the details of the scheme: of the working arrangements for the submission of prescriptions for payment and also difficulties of interpretation of the payment sheet. Dr Boles deplored the action of some pharmacists in canvassing for patients by word of mouth and circular and said it was hard to understand in view of the relatively low payments involved.

When the scheme was being negotiated they had been told that foods, glucose preparations, squashes, wines, Complan, etc, were not being permitted because they were not medicines, but they were still being prescribed in Dublin and the pharmacist was left to do the refusing—which was embarrassing. Dr Boles felt the effect of these prohibited lists was to reintroduce discrimination. It was unacceptable that he should be obliged to censor doctors' prescriptions. If a preparation had any therapeutic value it should be permitted; if it was believed to be of no medicinal value, should it be left on the market at all?

Restrictions criticised

Drawing attention to the fact that there was a limitation on vaccines, Dr Boles said the pharmacist was the channel of distribution for perhaps 98 per cent of preparations, so why distribute any other medicines at all through another channel? The pharmacist in the Republic was not allowed to hold oxygen but was so permitted in the UK.

Many doctors were under heavy pressure, and there had been a growing number of complaints about illegible prescriptions; with greater work on the pharmacist the time available for resolution of the queries had been much reduced.

Dr Boles said the development of prescribing bigger quantities, thereby reducing the frequency of the patient's visits, must be resisted by pharmacists as it ate into potential earnings. In the Eastern Region the greatest complaint had been the large quantities prescribed on prescription from hospitals. In some cases the forms appeared, to have been used as free notepaper and had been given to persons not eligible. It had been exceptional to find a medical card number on hospital prescriptions and in his experience the quantity had been generally in excess of one a month and frequently marked "repeat".

Dr Boles said the dispenser should always code the quantity at the time of dispensing—no matter how busy. It had been said that pharmacists would not need to check payment sheets, but he felt the sheets should itemise each preparation. A serious complaint was that if a pharmacist dispensed in good faith an item which the Department regarded as an excluded item, he was not paid. Nor was he even informed, and it was only by careful searching of the payment sheet that he could find out.

The main problem experienced in the Eastern Region, said Dr Boles, had been the clerical work which could be heavy if it accumulated. The inception of VAT on November 1 would be a crushing burden on those involved. "I wonder if it will not yet come that some pharmacists will have to close for two or three days to get their affairs sorted out".

In conclusion, Dr Boles said the scheme had been a tremendous help to pharmacists in the Eastern Region many of whom had been literally "hanging on" for years. They had at last fallen into their rightful position in the community. The scheme had meant an average of about £20 extra net profit for each contractor. "We would all like a better reward and this money is hard earned".

Pharmacists had fought hard that a quantity limitation should be written into the doctors' agreement but the Department claimed it would be an interference with the doctor's right to prescribe. "Now, however, we find that the Department, without even consultation, have interfered with, indeed cancelled, the doctor's right to prescribe certain items."

Dr Boles promised that the Committee would work to raise the remuneration to a realistic and adequate level. There would be a review within 18 months and it was written into the agreement that a retrospective adjustment was a possibility. There had been complaints of lack of communication from the "Contractors' Committee" but it would need all the information it could usefully get to make its case and he urged all pharmacists to be vigilant and unrelenting on points of principle. There must be an efficient network ensuring a flow of information both ways. The initial review would be the most important of all and would be the oppor-

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Advertiser's announcement

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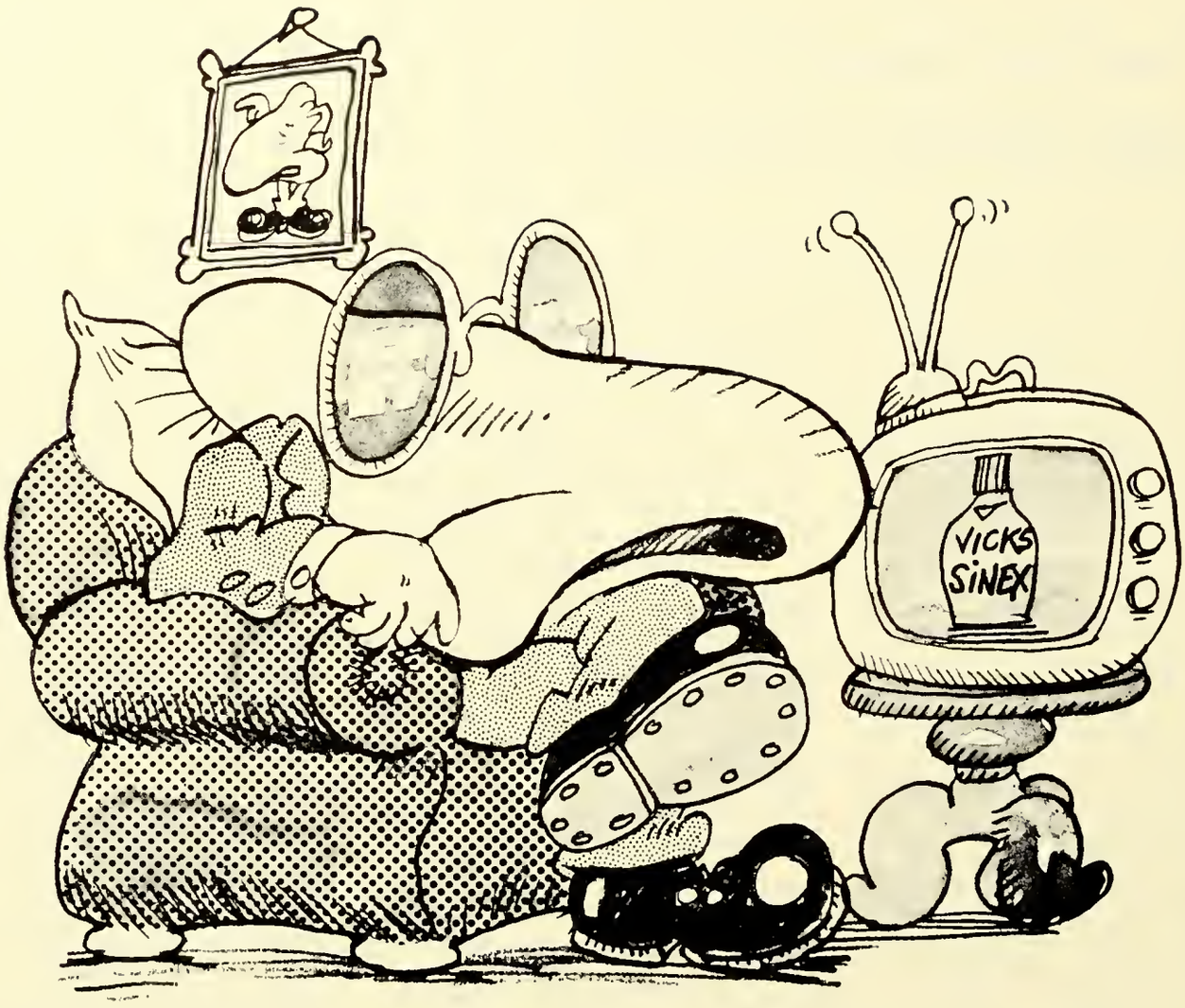

Over 15 million noses will get the message about new Sinex this winter.

Sinex is the new nasal decongestant from Richardson-Merrell–the makers of Vick.

Sinex contains oxymetazoline hydrochloride to give **up to 8 hours relief** from nasal congestion. But just as important, Sinex also contains the special combination of aromatics found only in Vick Vapour-Rub–aromatics which mean virtually instant relief from nasal congestion.

Sinex is **a quick acting and long acting nasal decongestant**–a fact over 15 million potential customers will be quick to appreciate when they see it advertised on T.V. this winter.

Five months of T.V. at just the right time. This winter from October to March Sinex is to be **launched nationally** through chemist outlets only. On view will be a commercial that has been thoroughly researched in test market, has successfully established the brand and generated sales.

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Be ready to meet the demand for new Sinex by seeing you're well stocked.

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Long Acting. The principal active ingredient of Sinex is oxymetazoline hydrochloride, a nasal decongestant with an established pharmacological activity of up to 8 hours. This long action, as well as providing considerable relief over a long period, spares customers any embarrassment they might feel if they had to administer a spray in public at more frequent intervals.

Quick Acting. The aromatics in Sinex provide the user with an immediate feeling of relief. This feeling persists until the time the pharmacological effect of oxymetazoline hydrochloride occurs – usually some 15-30 minutes after administration. The viscosity of the mucus secretion is reduced promoting drainage of the nasal cavities.

Safe. Unlike most other vasoconstrictors, oxymetazoline hydrochloride has been shown to have virtually no side effects, either centrally or locally. There is: ■ no effect on cilliary action ■ no hyperaemia or rebound effect ■ no systemic toxic effects.

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Irish Congress

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tunity to get the new scheme on to a proper and economic basis.

Dr Aidan Meade, Eastern Health Board, was of the opinion that doctors should not dispense under the scheme, except in emergencies. There was no inherent right of a patient to over-use drugs. He did not believe that one-third of the population were so indigent that they could not afford to pay something towards the cost of medicines. He suggested there should be a charge, except in the case of old age pensioners, widows and orphans and unemployed. Life-saving drugs could be free; unusually expensive but necessary ones should be subsidised, and luxury ones should be charged.

Dr Meade said the scheme had been started on an unrealistic note because the doctors' fees were low, being subsidised by the dispensary system, while the pharmacists' fees were being subsidised by having to resort to sale of ancillary items such as cameras and cosmetics. As a result the dispensing fee was being subsidised.

Mr J. Burke, president, Irish Drug Association, who presided, stressed that the publicity attached to the cost of drugs was misleading because all the pharmacist was being paid was his fee for dispensing drugs supplied by the Government.

Mr M. F. Walsh believed there should be no VAT on the professional fee. Dr Robins replied that VAT would be added to the payment which the pharmacist received from the central pricing bureau each month so that in effect he would not be paying anything on it.

Mr Walsh said the dentist and optician gave a service to the public but did not pay VAT. He did not agree there should be a difference for a pharmaceutical service. Dr Robins agreed but understood the reason it was payable was that it was not simply a service—a sale of goods was involved. This brought cries of "No" from the floor.

Ethical standards

Mr P. Duffy, Cork, reminded all pharmacists that it was in their interests to maintain standards and to give the same treatment to card holders as they gave to private patients.

Regarding the suggestion that card holders should pay some charge to subsidise the scheme, Mr Duffy was opposed to any further burden being placed on the community pharmacist, as he would be called on to do the bookkeeping and would not be paid for it.

Mr McAuliffe, Dublin, claimed that many people in Dublin were getting preparations from the pharmacist without health cards but merely with forms being rubber stamped by the hospitals. Dr Robins conceded there had been abuses. In Dublin many people were going direct to hospitals and getting a general practitioners' service there. However, they could not cut these people adrift right away. Hospital prescription cards were given directly to eligible persons—provided they had their official numbers and they could be taken to the community pharmacist. They had now introduced a more restricted system of issue of prescriptions.

Dr Boles said that the number of prescriptions marked "urgent", which carried an extra fee, appeared to be limited in the Eastern area.

Mr Hillery complained that in Limerick city the dispensary was still being used by nine doctors with the result that pharmacists in the area were not able to cope with the prescriptions while those in the outlying areas were not receiving their quota. He wondered if a directive could not be issued to these doctors to seek alternative accommodation? Dr Robins said doctors could not be compelled to practise elsewhere. If they did so they would have to be provided with alternative accommodation or a grant to improve the surgery.

Dr Meade thought these problems could be ironed out at local level between doctors and pharmacists. Mrs Mary Barry said they had a meeting with doctors in the Tipperary area and had no problems.

One member claimed that the pharmacist was being discriminated against having to pay a tax on a professional fee. Mr Burke said they had pressed this and had got a fair hearing from the Department of Health but the Department of Finance had turned down the request.

Minister thanks profession for its co-operation

The Minister for Health, Mr Childers, told more than 500 attending the banquet to mark the close of Congress that there were far too many part-used bottles of expensive medicines and too many unwanted pills and tablets in domestic cupboards.

Many of them represented wasted taxpayers' money and he appealed to family doctors participating in the choice of doctor scheme to be conscious of the wider public interest and to be reasonable in their prescribing habits. He had no intention of interfering with the discretion of doctors to prescribe whatever they thought best for the patients but he had a duty to remind them of the financial implications.

The Minister accepted that many patients felt they were not being given a proper service unless they received medicine, but it did not explain the high bill the taxpayer was being asked to meet. If patients really required medical services to the extent which the figures in the Dublin area suggested, then the situation would be alarming.

Mr Childers commended the Pharmaceutical Society and all pharmacists concerned for carrying out their part of the choice of doctor system. He said they had met in the most splendid way the administrative requirements asked of them and there had been practically no complaints from the public about the service pharmacists offered in connection with the scheme.

"They have followed the detailed instructions with an efficiency I do not believe would be seen in any other walk of life in this country and I want to compliment everybody concerned on their splendid efforts." The Minister concluded: "You are a most reponsible body. The vast and overwhelming majority observe the very highest standards in the conduct of your profession".

Mr R. J. Power, president of the Society, who presided, thanked pharmacists. The procuring for pharmacists of the sole right to dispense medicines he described as one of "the Society's greatest achievements". They had discussions on this matter with the Department over a number of years and Mr Power thanked Mr Childers, who was a Minister who looked ahead, for the manner in which he had helped in bringing them to a successful conclusion. The pharmacists in providing the service would ensure that the public got the best possible service. That was what they had promised and he was glad to hear that the Minister was pleased with the results—they had proven their point.

The president said that pharmacy was also facing changes in the EEC and in talks with European colleagues in London over the weekend they had been forthright about what Irish pharmacists had before them. The question of harmonisation of standards was vital. However, the Society hoped to implement appropriate courses at the end of the year, with the co-operation of the Department of Education, which would conform with the standards suggested by their colleagues in Europe.

Emphasis would be on professional pharmacy and the question of the elimination or reduction of commercial activities brought up many issues. The Society had suggested the Minister should consider the implementation of medicines legislation

Mr T. J. Harty, Congress chairman, proposed the toast of "Ireland". Mr Childers proposed the toast of "The Pharmaceutical Society of Ireland" and Mr Power replied. The toast of "Our guests" was proposed by the Congress president, Mr T. J. Brosnan, the Bishop of Kerry, Most Rev Dr Casey, replying.

Mr Power, was made an honorary member of the Order of the Golden Rose of the Festival of Kerry and was formally inducted by the president of the Festival, Mrs Margaret Dwyer, in appreciation of the fact that the Congress had been held in Tralee.

Misuse of drugs

Dr Timothy O'Connell, county physician, Tralee co Hospital, suggested that the adoption by the Republic of the main recommendations of the Swann Committee report would be timely, when he spoke on "Uses and misuses of some modern drugs".

He pointed out that the Committee had held the animal feed additives were economically justified but had recommended that only those antibiotics should be used as feed additives "which have little or no application as therapeutic agents in man or animals and which will not impair the efficiency of a prescribed therapeutic antibiotic or antibiotics through the development of a resistant strain of organism".

Another deplorable abuse of antibiotics in agriculture, he said, was the failure to prevent milk contaminated by antibiotics being sent for human consumption directly and for cheese, etc.

Market News

DULL TRADING

London, October 25: There were few important features in the various sectors of the market during the week and inquiry for commodities was at a minimum level.

Price rises in crude drugs included Nigerian split ginger, pepper, gentian, lemon peel, sarsaparilla and quillaia. Cape aloes was dearer also but the Curaçao variety again eased. Whole cassia *lignea* was up by 20 per cent.

Among essential oils Bourbon geranium was a little firmer but Mysore sandalwood eased.

Pharmaceutical chemicals

Alcohol: (Per proof gal). Synthetic ethanol in 2,500 bulk gal lots—96 per cent, £0·245 and 99·9 per cent, £0·257 in tank wagon; £0·260 and £0·272 in drums for 900-bulk gal; industrial grade 95 per cent £0·172 in bulk and £0·187 in drums.
Amylobarbitone: 50-kg £3·75 kg; sodium £4·30.
Barbitone: 50-kg lots £2·65 kg; sodium £2·65.
Butabarbital: 50-kg £5·35 kg; sodium £6.
Butobarbitone: £5-kg kg for 50-kg lots.
Cyclobarbitone: (50-kg) £4·15 kg; calcium £4·15.
Dextromethorphan: Hydrobromide £98·80 kg.
Methadone hydrochloride: Subject to DDA regulations £0·15 per g for 100-g lots.
Methylated spirits: (Per bulk gal, delivered) 45-gal drums minimum 900 gal, industrial 66 op £0·324; perfumery quality 68 op £0·377; mineralised 64 op, £0·338. In tank wagon, 2,500-gal the rates are £0·301; £0·354, £0·315 respectively.
Narcotine: Alkaloid and hydrochloride in 25-kg lots £15 kg.
Opiates: (per kg) subject to DDA Regulations.

	1 kg and over £	Under 1 kg £
Codeine		
alkaloid	183·00	191·00
hydrochloride	156·00	164·00
phosphate	140·00	146·00
sulphate	156·00	164·00
Diamorphine		
alkaloid	212·00	223·00
hydrochloride	194·00	203·00
Ethylmorphine		
hydrochloride	179·00	186·00
Morphine		
acetate	164·00	171·00
alkaloid	202·00	211·00
hydrochloride	165·00	172·00
sulphate	165·00	172·00
tartrate	198·00	207·00

Papaverine: Hydrochloride 25-kg lots £17 kg.
Pentobarbitone: 50-kg lots £4·85 kg for acid and £5·15 for sodium.
Phemitone: 25-kg lots £4·24 kg.
Phenobarbitone: 50-kg lots £2·20 per kg; sodium £2·40.
Pholcodine: 1-kg £198·36; 7-kg £189·20 kg; 60-kg £180.
Phthalylsulphathiazole: 50-kg lots £1·60.
Physostigmine: Sulphate £1·04 g.
Quinalbarbitone: Sodium and acid £5·35 kg for 25-kg lots.
Succinylsulphathiazole: 50-kg lots £2·40 kg.
Sulphacetamide: Sodium BP £2·98 kg.
Sulphadiazine: 50-kg lots £2·79 kg.
Sulphadimidine: 250-kg lots £2·95 kg; sodium £3·05.
Sulphaguanidine: BPC in 250-kg lots £2·13 kg.
Sulphamerazine: in 50-kg lots £3·12½ per kg.
Sulphamethizole: BP 50-kg lots £3·65 per kg.
Sulphanilamide: 50-kg lots £1·40 kg.
Sulphaquinoxaline: Sodium, B Vet C in 50-kg lots. £4·38 kg.
Sulphathiazole: 50-kg £1.83 kg.
Thymol: In 1-ton lots £2 per kg.

Crude drugs

Aconite: Spot £1,125 metric ton; £1,000, cif.
Agar: (lb) Kobe No 1 £0·85 cif; European £0·73.
Aloes: (metric ton) Cape primes £325 spot; £300, cif. Curacao £750 spot; £690, cif.
Balsams: (lb) Canada £2·15 spot; shipment £2·10, cif. **Copaiba:** BPC £1·25. **Para** £0·40. **Peru:** £1·17 £1·12, cif. **Tolu:** BP £0·70.
Belladonna: Leaves £300 metric ton spot, herb £250 and root £245.
Benzoin: BPC £40 to £42 cwt spot; £37-£40, cif.
Buchu: Spot £1·00 per lb; shipment £0·92, cif.
Camphor: BP natural powder £0·85 kg spot; £0·80, cif. Synthetic BP £0·57 kg in 500-kg lots.
Cardamoms: (Per lb cif) Alleppy greens No. 1, £0·85; prime seeds £0·90.
Cascara: Spot £450 metric ton; no cif offers.
Cassia: Lignea, whole £750 metric ton cif.
Cherry bark: Spot £380 metric ton; £370, cif.
Chillies: Zanzibar £600 ton afloat.
Cinnamon bark: Seychelles £300 ton cif, nominal. Nigerian funtua new crop £360.
Cinnamon quills: Ceylon four O's £0·27 lb, quillings £0·14 lb.
Cloves: Madagascar £1,450 metric ton, cif.
Cochineal: Tenerife black-brilliant £7 kg spot; £6·85, cif. Peruvian silver grey £6·30 spot, £6·25 cif.
Cocillana: Spot £700 metric ton.
Colocynth pulp: Spot £700 metric ton.
Dandelion: Root £410 metric ton spot; £385, cif.
Ergot: Spot £3·10 kg.
Gentian: Root £460 metric ton spot; £450, cif.
Ginger: (ton) Cochin, new crop £245, cif. Jamaican No. 3 £1,050 spot; £850 cif. Nigerian split £210 spot; £197·50, cif; peeled £310 spot; £285, cif. Sierra Leone, nominal.
Gums: Acacia: Kordofan cleaned sorts £305 metric ton spot; £280, cif. **Karaya:** No. 2 faq £22 cwt. spot. **Tragacanth:** (cwt) No. 1 spot £300, No. 2 £280.
Henbane: Niger spot £430 metric ton; £420, cif.
Honey (Per ton in 6-cwt drums ex warehouse) Australian light amber £308·50, medium £298·50. Canadian £412·50. Mexican £340. Chinese light amber £297.
Hydrastis: Spot £2·80 lb; £2·60, cif.
Jalap: No offers.
Kola nuts: West African halves £95 spot; shipment £85 metric ton, cif.
Lanolin: Anhydrous BP minimum 1,000 kg £375 to £415; cosmetic grade £430.
Lemon peel: Spot £310 metric ton; £290, cif.
Liquorice root: (metric ton) Chinese £100. Russian £110. Spray-dried powder £396, delivered. Block juice £431·50.
Lobelia: American herb £750 metric ton, cif.
Lycopodium: Indian £1·75 lb; Russian £2·25, spot.
Mace: Grenada £0·35 lb, fob.
Menthol: (kg) Chinese spot £6·95, shipment £6·20, cif. Brazilian spot and Oct-Dec £3·85.
Nutmeg: (Per ton, cif). Grenada: 80's £570; sound unassorted £490, defectives £375, all cif.
Nux vomica: Shipment £100 metric ton, cif.
Pepper: (ton) Sarawak black spot £410; £405, cif; white £610; £590, cif.
Podophyllum: Emodi £360 metric ton cif.
Quillaia: £525 metric ton nominal.
Rhubarb: From £0·30 to £1·50 lb.
Saffron: Mancha superior £84 kg.
Sarsaparilla: Spot £0·63 lb; no shipment offers.
Seeds: (ton) Anise: China star £175, spot; shipment £125, cif. **Caraway:** Dutch ex wharf £1,060, virtually unobtainable. **Celery:** Indian £340; shipment £265, cif. **Coriander:** Moroccan £80, cif. **Cumin:** Indian £300, cif. Chinese £275, cif. **Dill:** Indian, for shipment £155, cif. **Fennel:** Indian £157, cif. Chinese £205 metric ton. **Fenugreek:** Moroccan £69, cif. **Mustard:** £60-£120 spot.
Senega: Canadian £1·75 lb spot; £1·70, cif.
Senna: (lb) Tinnevelly No. 3 faq leaves £0·06½; pods, hand-picked £0·11; manufacturing £0·08½; Alexandria h/p £0·52 ex wharf manufacturing £0·26 nominal.
Squill: White spot £290 metric ton, £255, cif.
Styrax: £2·30 lb spot; £2·25, cif.
Tonquin beans: Angostura £850 metric ton afloat.
Turmeric: Madras finger £200 ton; £165 cif.
Valerian: (metric ton) Continental £280; £275 cif; Indian £270 spot; £265, cif.
Witchhazel leaves: Spot cleared; new crop £820

Essential and expressed oils

Bois de rose: Spot £3·90 kg; £3·80, cif.
Citronella: Ceylon spot £1·18 kg; £1·10,, cif. Chinese £1·20 spot; £1·06, cif.
Geranium: (kg) Bourbon £16·70; Congo £14.
Olive: Spanish £420-£440 long ton, cif; Tunisian £405-£415, cif. Spot duty paid £470.
Sandalwood: Mysore spot £13·32. East Indian for shipment £13·40 kg, cif.

Equipment

Electronic sales register

The NCR 230 electronic sales register, a totally new development in point-of-sale machines, has been released in the UK by National Cash Register Co Ltd, 206 Marylebone Road, London NW1 6LY.

It incorporates the latest in integrated circuit techniques, which enable considerably more information to be made available for comprehensive product analysis, together with faster and simpler recording of transactions.

Almost any type of retail business could benefit through installing the NCR 230, particularly where analysis over a wide range of merchandise is required—and the NCR 230 has up to 30 department totals, six transaction totals and three balancing totals. These provide up-to-the-minute sales information over all types of transaction, including cash and credit control and with facilities for handling discounts and adding VAT amounts.

Prescription indicator

The Turn-O-Matic prescription indicator which is increasingly being installed in retail and hospital pharmacies can now be obtained at a special rate through the NPU Group, 321 Chase Road, London N14 5BR.

The system installed in a North London pharmacy was described in *C & D*, September 11, 1971, p 350.

Through the NPU the ticket dispenser costs £21: the indicator panel including transformer, £49 and tickets £0·50 per reel of 1,000.

Coming events

Monday, October 30

Leicestershire Branch, Pharmaceutical Society, Postgraduate medical centre, Leicester Royal Infirmary, at 8 pm. Dr P. G. Roylance (Beecham Research Laboratories) on "The newer penicillins" (lecture course).

Tuesday, October 31

Fife and Stirling Branches, Pharmaceutical Society, King Malcolm Hotel, Queensferry Road, Dunfermline, at 7.30 pm. Speaker: Dr G. Smith.

Leeds Branch, National Pharmaceutical Union, Golden Lion Hotel, Lower Briggate, Leeds, at 8 pm. Mr T. P. Astill (deputy secretary, NPU) on "VAT".

Wednesday, November 1

Epsom and Sutton Branch, Pharmaceutical Society, The New Bull Hotel, Leatherhead, at 8 pm. Annual dinner and dance.

Liverpool Chemists' Golfing Society, Adelphi Hotel, Liverpool. Ladies' evening. Tickets (£3.50 each) from Mr O. C. Roberts, 2 Centreville Road, Liverpool 18.

Thursday, November 2

Isle of Thanet Branch, Pharmaceutical Society, Glenwood Hotel, Margate, at 7.30 pm. Annual dinner and dance. Chief guest, Mr A. Aldington.

Pharmaceutical Society, 17 Bloomsbury Square, London WC1, at 7 pm. Professor E. J. Shellard (professor of pharmacognosy, Chelsea College, University of London) on "The life and work of E. M. Holmes".

Friday, November 3

Scottish Department, Pharmaceutical Society, 36 York Place, Edinburgh, at 7.45 pm. Professor Abraham Goldberg (professor of materia medica, Glasgow University) on "Science and compassion in modern medicine".

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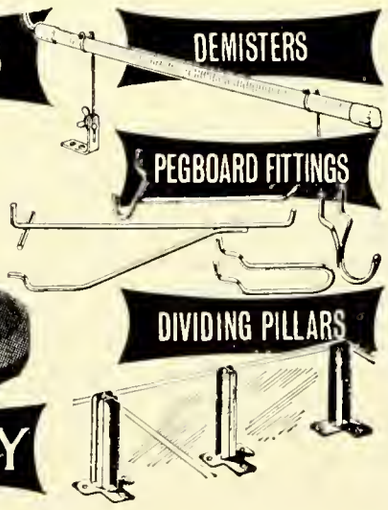

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Lilia-White protest at TV policy change

Lilia-White reacted angrily on Wednesday to the decision of the Independent Broadcasting Authority to end the experimental television advertising of sanitary tampons. The IBA announcement came with the issue of a revised Code of Advertising Standards and Practice, and a claim that complaints had been received about tampon advertising.

Mr Dennis Willson, marketing director, said "Their attitude is extremely strange and this is a point they should certainly have considered before letting us into an expensive test." He went on, "It is an indication of possible nervousness by the 'Inner circle' of the IBA and it is even stranger when considered alongside their decision to allow family planning advertising as reported in the press.

"The IBA obviously felt that, although the reaction was fairly satisfactory, allowing competitive products to advertise could result in a relaxing of the rules.

"It is open to question why the public should be exposed to what most people think is an unbelievable standard of permissiveness in programme viewing—while commercials must be beyond reproach.

Soft sell

We believe our commercials could not have been in better taste. It was extremely 'soft-sell' and we recieved compliments from both the general public and the trade."

The IBA statement said that in order to test public opinion, it had agreed to accept the advertising of tampons for three months July to September 1972. The experiment was confined to London.

"The Authority and its Advertising Advisory Committee considered the number and nature of the letters of complaint about the advertising, and the results of independent research into the opinions of London viewers. It became clear that the idea of advertising sanitary towels and tampons in the family medium of television is objectionable to a significant proportion of viewers, though fewer appeared to have been offended in practice by the advertisements which actually appeared on the screen.

"The Authority decided that it should not accept any further advertising for sanitary towels and tampons on the grounds that no advertisement should offend against good taste or decency or be offensive to public feeling."

The Authority has also decided that, on the same grounds, there should be no further television advertising of vaginal deodorants.

Among other code changes introduced by the IBA is a new rule that no advertisement for a medicine or treatment may include a testimonial *or be presented by* a person well-known in public life, sport, entertainment, etc.

A new reference to analgesics says that it is accepted that relief of pain, such as a headache, may consequently ease tension or tiredness, but no single or compound analgesic may be advertised for the direct relief of tension or tiredness.

Pregnancy testing services have been added to the list of "unacceptable" products and services.

St Michael fragrance launch

Marks and Spencer are extending their range of toiletries with the introduction of fragrance sprays. St Michael 20 and St Michael 21 will sell for £0·90 and are expected to be in the larger branches of Marks and Spencer shortly. Plans are under way for a matching talc and, said a spokesman, "We hope to extend this range even further with such items as eyeshadows".

Generics: Pricing change

The rule for the pricing of preparations ordered by the B.N.F. or generic name, on Forms EC 10 which are available only as proprietary products is that payment certified by the Pricing Bureau will be for the lowest priced brand of the preparations that are generally available. With effect from December 1, this rule applies to methyldopa tablets 250mg and levodopa tablets 500mg. From that date payment for those tablets, when ordered by their generic name, may no longer be based upon the cost of Aldomet tablets and Larodopa tablets respectively.

A complete list of the preparations to which this pricing procedure applies, effective from December 1, is available from the Central NHS (Chemist Contractors) Committee, Mallinson House, 321 Chase Road, Southgate, London, N14 6JN, on receipt of a stamped addressed envelope.

Fined for poison sale

Smith (Medway) Ltd, chemists, Canterbury Street, Gillingham, Kent, were recently fined £20 at Chatham magistrates' court for selling a poison unlawfully. They admitted the offence.

It was stated that an inspector was sold the drug by an inexperienced salesgirl on a Saturday afternoon, although posters and leaflets were on display stating that no qualified pharmacist was on the premises and certain medicines could not be issued. In January the firm had decided to keep the shop open on Saturday afternoons for the sales of some goods not covered by the Poisons List Order.

Expensive drugs stolen

Drugs worth an estimated £12,000 were stolen on Tuesday night from the premises of A. J. Box & Drivers Ltd, Powerscroft Road, Footscray, Sidcup, Kent.

According to the police, the thieves concentrated on high-price drugs rather than those expected to sell on the "abuse" market, and it is, therefore, expected that an attempt may be made to sell them to chemists. The main items included hypnotics, antibiotics and antidepressants. The biggest single quantity was 198 × 500 packs of Ponderax.

Any chemist offered drugs is asked to contact Sidcup police, telephone 01-300 1113.

Mr A. Leiter, MPS, North Finchley, London, was the winner of Strepsils lozenges competition organised by the manufacturers Crookes-Anestan Ltd. He is pictured with his wife receiving the first prize of a treasure chest containing £20 from Mr George Renning (right) the company's local representative. Second prize winner was Mr D. R. Edwards, Crewe, and Mr D. Dennison, Lurgan, co Armagh, was the winner of the third prize

Animal medicines list 'will cause surprise'

The list of animal medicines which will be confined to prescription only under the Medicines Act "will be enormous", suggested Mr D. F. Lewis, secretary and registrar of the Pharmaceutical Society on Sunday.

Mr Lewis, in addressing the agricultural and veterinary practice group of the Society, said that the list might cause some surprise, but he thought that the economic effect would be quite small.

One outcome of the situation was that those involved in drawing up the list had revived their contention of "general sellers of veterinary medicines" whom Mr Lewis described as being an unnecessary class of vendor.

The authorities had maintained in recent correspondence with the Pharmaceutical Society that provision would have to be made for such a class if the present pattern of distribution was not to be completely upset. Mr Lewis contested that view; the Society in replying had suggested that farmers and others would encounter no real difficulty in obtaining animal medicines from pharmacies.

Prior to the Medicines Act when the new legislation was being drawn up, and discussed by the professions, the proposal for recognising "authorised sellers" for these medicines had been rejected by both pharmacists and veterinary surgeons.

Commenting on the proposal during the discussion Mr J. Ferguson, an assistant secretary of the Society, said it was morally wrong to introduce something into legislation now which had never initially been discussed in Parliament.

Mr Lewis explained that the Government proposal was to recognise registration of the class of seller for a period of five years. The subject could not yet be raised as a public issue but details were expected to be published before the end of the year.

Earlier he described the longstanding rivalry between the pharmaceutical and veterinary professions. At the end of the last war distribution of animal medicines had not changed for a long time, generally it was the pharmacist who had the monopoly; but with the arrival of new legislation in particular the Veterinary Surgeons Act and the National Health Service Act of 1948 the position altered rapidly.

The former Act Mr Lewis described as the most protective legislation that any profession had. He went on to say that the NHS Act produced an increase in the amount of pharmaceutical work available, the increasing loss of business in animal medicines went largely "unnoticed and uncared".

In subsequent years both professions took exception to the practices of "the itinerant vendors" but there was difficulty in drawing up suitable legislation before the advent of the Medicines Act.

Mr Lewis anticipated that under the new proposals soon to emerge sheep dips, warble fly dressings, fluke remedies, anthelmintics and vaccines would be restricted to prescription only.

'Doctor is final arbiter, but . . .'—Sir Derrick

Medical practitioners had the right to be the final arbiter on the efficacy of medicines but there should be a greater emphasis on education in clinical pharmacology, said Sir Derrick Dunlop in Edinburgh last week. He hoped support for this would come from the pharmaceutical industry, from pharmacy and from doctors to ensure the success of the Medicines Act.

Sir Derrick was delivering the Society of Chemical Industry's ninth Lister Memorial Lecture: "Medicine, Doctors, Governments and Pharmacists".

The lecture was endowed in 1944 by J. F. Macfarlan Ltd and T. & H. Smith Ltd, now combined in Macfarlan Smith Ltd; the lectures are designed to reflect the contribution of chemistry to medicine.

Mr F. J. Bolton, chairman of the Edinburgh Section of the SCI, proposing a vote of thanks, said the Dunlop Committee had been a model of co-operative effort and its effective operation had secured in the UK the early introduction of new life-saving drugs denied to patients in the US.

Which? reports on bust developers

According to a report in the November issue of *Which?* on bust developers creams "simply don't work". Other developers like exercisers and exercise programmes did produce some very slight changes in some testers' bustlines and about six Consumers Association members who had tried them had some small (and often temporary) success.

The report says that for those who can afford £300 or more, plastics surgery seems to provide one answer to the search for a bigger bust. But, at least *Which?* found nothing in its survey quite like the bust pills examined by a consumer organisation in Holland. There were two types, one for reducing and one for increasing. Analysis showed them to be exactly the same—gum arabic and water.

Top trainers in new DITB Scheme

A plan to enrol the distributive industry's best trainers in a new scheme which will enable them to opt out of the levy/grant system while continuing to set a moral example to other firms is to be announced by the Distributive Industry Training Board within the next few weeks. The scheme was approved by the Board at its meeting on October 26.

The Board chairman, Mr John Christie-Miller, said that it would be possible for top training firms to be exempted from the levy/grant operation for the current training year. Next July they would not apply for grant nor would any levy be collected from them.

The Board is reacting immediately to the Government's policy of calling for a speed-up in 'disengagement' schemes while retaining, as the DITB recommended, a basic levy/grant system. Mr Christie-Miller said the difficulties of deciding on a "disengagement" policy for firms in distribution arose because there was a continuing need, which was likely to remain for some years, for the authority of the training board, backed by the industry, to be seen to be exercised.

EEC draft directive on pharmacy distribution

A new draft directive relating to the geographical distribution of pharmacies will be produced shortly by the EEC Council of Ministers, it was reported last week. The announcement was made by Mr E. A. Campo, director general of the Council's secretariat, during the annual meeting of the European Proprietary Association (AESGP)—representing manufacturers of over-the-counter medicines—in Brussels.

The meeting had as its main theme the harmonisation of pharmaceutical legislation within the enlarged European Economic Community, and with Britain's entry to the EEC so close a large number of UK proprietary medicine manufacturers were represented. It was announced that the national group from Portugal had been admitted to membership.

The importance of the EEC to the proprietary medicines industry was emphasised on the first day of the conference, when the president of AESGP, Mr Hans Bach (Richardson Merrell, W.-Germany), introduced a round table discussion dealing with the future development of the enlarged EEC and the draft directives which affect the practice of pharmacy and the conduct of the pharmaceutical industry.

Dr D. Spitta, (AESGP's legal and professional adviser) confirmed that no further progress would be made with the pharmaceutical directives currently under discussion, until Britain, Eire and Denmark joined the EEC.

John Wells, director of the Proprietary Association of Great Britain, in a well-received address, emphasised that the hopes and expectations of the UK proprietary manufacturers do not differ significantly from those of manufacturers throughout the Community. The UK problems with the draft directives arose largely because of the differences in the legal concepts of personal and corporate responsibilities applied to the operations of manufacturers in the different member states.

At the annual dinner which followed, Mr Daniel Callewaert (director-general of the World Federation of Proprietary Medicine Manufacturers) received the AESGP "Man of the Year" award for 1972. On Tuesday, the conference considered the social and public significance of self medication within the EEC. An address by Mr Leon Servais (Belgian Minister of Health) referred to the manufacturer's responsibility for the information provided to the consumer of medicinal products. Lord Burntwood (former Under Secretary of State, Department of Health), spoke of the constantly increasing costs of social security in all European countries and stated that the development of educated self-medication would enable medical personnel to direct their efforts towards providing essential medical services.

Franco-British 1973 weekend

Clemont Ferrand in the Auvergne region of France will be the venue for the 1973 Franco-British congress. It will be held from Friday, May 11 to Monday, May 14.

Golf anniversary

The Edinburgh Chemists' Golf Club is holding a dinner dance to celebrate their 75th anniversary at the North British Hotel, Edinburgh, on November 22. It will begin at 7.15 pm and the tickets (£2·75) are available from Mr W. Watson, 10 Springvalley Gardens, Edinburgh, EH10 4QG.

'Treacle' break-in attempt

A 21-year-old man who was arrested after he tried to break into a Stanmore, Middx, pharmacy using a tin of treacle, was sentenced to a total of nine months imprisonment when he appeared on remand at Hendon Court last week.

Mr Graham Gribble, a butcher of Stanmore, said to be a registered drug addict and to have six previous convictions, was sentenced to six months for attempting to enter Boots Ltd, Church Rd, Stanmore, on September 27: three months consecutive for possessing a tin of treacle for use in burglary; and was given a conditional discharge for twelve months for causing £11·75 of damage to a cell at Edgware Police Station.

Mr Gribble told the court that while on remand he had come off drugs and that he had "no intention of going back on them again".

At the previous hearing the court heard that Gribble tried to stick newspaper to the pharmacy window with treacle, when he was unsuccessful he kicked the window and got his foot stuck.

Fifty million packets sold was the milestone reached by Complan just before its phased replacement by spray-dried New Complan (see p677). The packet was sold through Wood's Pharmacy, Windsor, owned by Mr R. Knowles, seen here receiving a tankard from Mr W. G. Capper, Glaxo Laboratories deputy home sales manager. The customer was Mrs Edith Perkis, a Windsor nurse.

GIVAUDAN—LAVIROTTE & CIE
LYON FRANCE

GLYCEROPHOSPHATES

CALCIUM GLYCEROPHOSPHATE POWDER B.P.C. 1963
CALCIUM GLYCEROPHOSPHATE ACIDIFIED 15%
CALCIUM GLYCEROPHOSPHATE LIQUID 50%
IRON GLYCEROPHOSPHATE NF X
LITHINE GLYCEROPHOSPHATE
MAGNESIUM GLYCEROPHOSPHATE POWDER B.P.C. 1963
MAGNESIUM GLYCEROPHOSPHATE LIQUID 50%
MANGANESE GLYCEROPHOSPHATE NF X
MANGANESE GLYCEROPHOSPHATE LIQUID 50%
POTASSIUM GLYCEROPHOSPHATE LIQUID 50% B.P.C. 1963
POTASSIUM GLYCEROPHOSPHATE LIQUID 75% B.P.C. 1963
SODIUM GLYCEROPHOSPHATE CRYSTALLINE POWDER B.P.C. 1949
SODIUM GLYCEROPHOSPHATE LIQUID 50% B.P.C. 1963
STRYCHNINE GLYCEROPHOSPHATE
GLYCEROPHOSPHORIC ACID SOLUTION 25%
GLYCEROPHOSPHORIC ACID SOLUTION 50%

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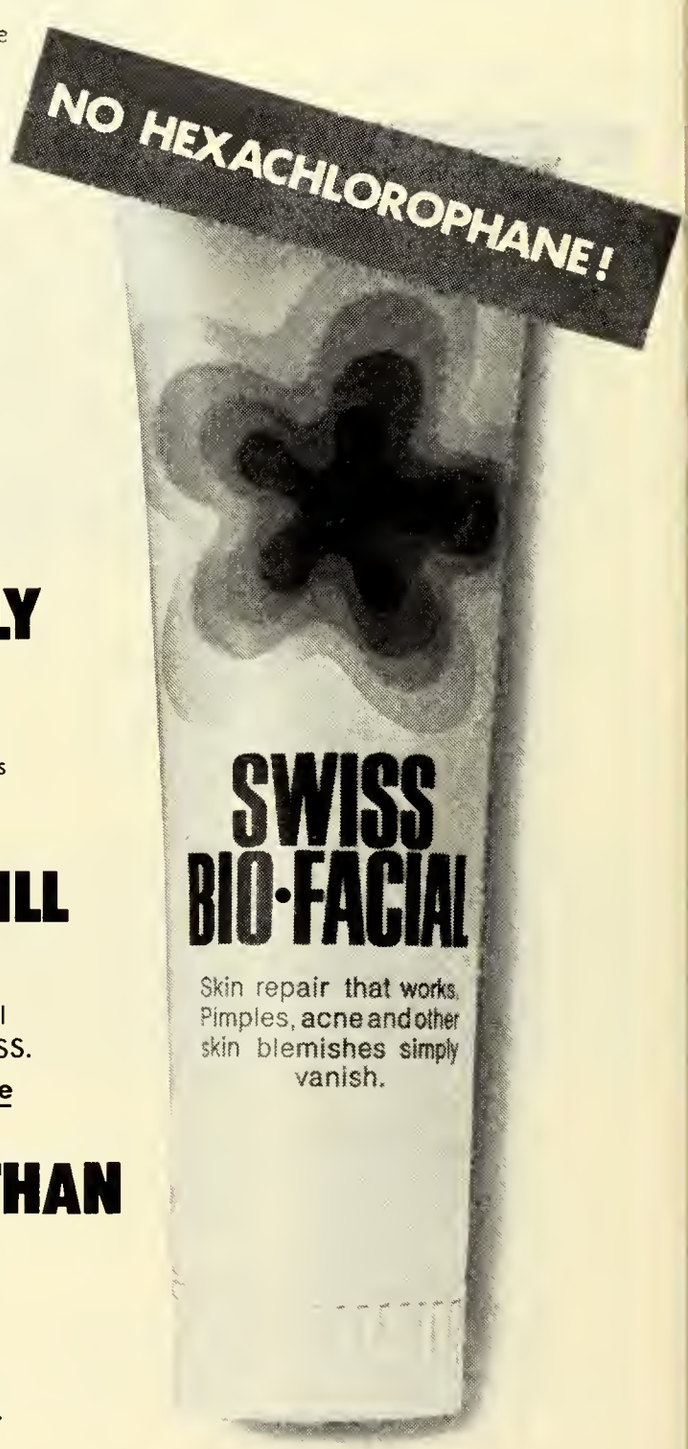
CHAS. ZIMMERMANN & CO. LTD. Dega Works, Walmgate Rd., Perivale Middx. *tel:* 01-997 9121 *telex:* 27563

BIO·FACIAL WORKS IN AS LITTLE AS FOUR DAYS-WITHOUT HEXACHLOROPHANE-SO RECOMMEND IT FOR ACNE WITH COMPLETE CONFIDENCE.

This really effective treatment for spots, pimples and acne is now available nationally following tremendous success in the South.

FOUR REASONS WHY YOU SHOULD PHONE YOUR WHOLESALER NOW.



1 SWISS BIO·FACIAL IS MUCH MORE EFFECTIVE.

The unique formula kills more germs and works faster. Many people find major improvement within 4 days.

2 SWISS BIO·FACIAL IS TOTALLY SAFE.

Swiss Bio-Facial contains no hexachlorophane. No cases of allergy or toxicity occured in 4 years'continuous use in Swiss hospitals.

3 NATIONAL ADVERTISING WILL CREATE BIG DEMAND.

Powerful advertisements used in successful Southern test will appear in SUNDAY MIRROR, OBSERVER, SUN, DAILY EXPRESS.

Bigger support than for any other product of its type

4 BIGGER PROFITS FOR YOU THAN ON ANY OTHER SKIN CARE PRODUCT.

Swiss Bio-Facial sells to customers at £1.25 per unit. Two in every three customers re-purchased for continuing skin care.

ORDER NOW to meet the demand. AVAILABLE AT WHOLESALERS OR RING BOTLEY 2225 AND REVERSE THE CHARGES.

Company News

Weston Pharmaceuticals to buy Fairbank Kirby

Weston Pharmaceuticals Ltd have agreed to acquire the capital of Fairbank Kirby (Grimsby) Ltd, wholesalers operating in Grimsby and York.

Consideration is £840,000, to be satisfied as to £560,000 in cash and the balance by 233,333 Weston Ordinary shares.

Glaxo see rise in bulk sales

The increase in Glaxo's profits during 1971-72 arose entirely from increased sales of own packed pharmaceutical products and from improved results of their non-pharmaceutical operations, says Sir Alan Wilson, chairman, Glaxo Holdings Ltd in the annual report.

Since bulk sales are linked to the activities of other pharmaceutical manufacturers any revival of this part of the business depends upon manufacturers largely outside Glaxo's control, he says. However, there are signs that sales "will begin to recover during the next year."

The full accounts published last week show that wholesaling profits of Vestric Ltd continued to improve, and at £1·9m were up by 36 per cent, compared with an increase in sales of 11 per cent.

Expansion at the German headquarters is proceeding. (Interim statement see *C&D*, October 14, P 533).

Fisons set up in Europe

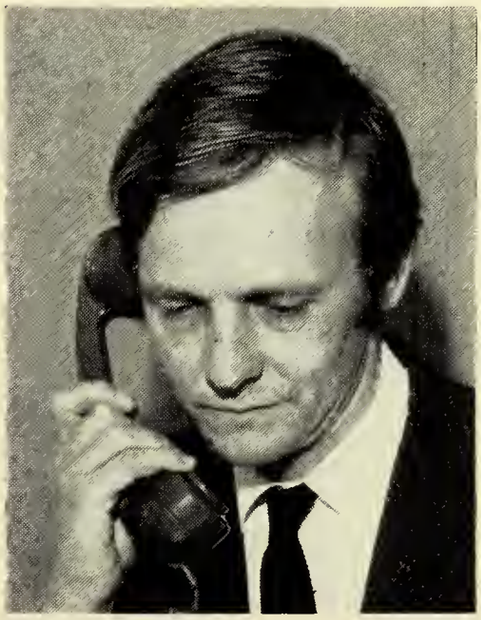
To accelerate the development of Intal, in Europe, Fisons Ltd have set up with UCB SA three joint pharmaceutical marketing companies for France, Germany and Italy.

The company state that Intal is moving "most successfully" in France, where its rate of establishment parallels that of the UK in the earlier years, but in Germany progress has not been as spectacular. In Italy, collaboration with UCB is maintained through the channel of a UCB subsidiary which acts as distributor.

Newry company plans to double output

Norbrook Laboratories, Newry, co Down, is planning a 200 per cent increase in its production of pharmaceuticals. The expansion is being made possible following the acquisition of a new factory provided by the Northern Ireland "aid small industry" agency, the Local Enterprise Development Unit (LEDU).

Plans also include the proposal to step up the company's 60 per cent production export rate to about 90 per cent.



Mr W. N. Gilmour

From Canada to Dartford

Mr W. N. Gilmour, BSc (Pharm), MPS, plant manager of Burroughs Wellcome & Co (Canada) Ltd, has been appointed manager of the Wellcome Foundation's sterile products department at Dartford.

Mr Gilmour, a graduate of Glasgow University, emigrated to Canada in 1961 and worked as assistant director of pharmaceutical development with Frank W. Horner Ltd, Montreal. He joined Wellcome in Canada in 1964 first as chief chemist and subsequently as production manager and then plant manager.

Winding-up order for chemists

An order for the compulsory winding-up of Tangcastle Chemists Ltd, whose registered office is at 4 Brook Street, London W1, was made in the High Court on Monday.

Counsel for the petitioners, Sangers Ltd, told Mr Justice Templeman that they were judgment creditors for £4,211. He also represented six creditors supporting the petition. There was no opposition.

Briefly

American Cyanamid Co: Mr Clifford D. Siverd has been elected chairman and continues as chief executive officer of the New Jersey based company. He is succeeded as president by Dr James G. Affleck, formerly a Cyanamid vice-president. Mr Siverd said that the group's third quarter earnings were $24·334m or 50 cents per share compared with $19·334m or 40 cents a share a year ago.

Kodak Ltd, after an occupancy of more than sixty years, have vacated 65 Kingsway, London WC2 and moved to 246 High Holborn, WC1. Housed at that address are a self-service colour shop, an amateur service department, the photographic exhibitions that have always been a feature of Kodak in Kingsway, and the company's Southern sales centre.

Richards of Eastbourne Ltd have opened a branch pharmacy at 40 Beatty Road, Langney Point, Eastbourne.

Squibb Beech-Nut Inc have sold off their Tetley tea interests in a £23m deal to J. Lyons & Co.

Reckitt & Colman, toiletries division have appointed Mr Brian J. Wright a product manager.

Jean Sorelle Ltd have appointed Mr Peter Eden their managing director.

Two recent visitors to the Charford Mills, Birmingham, factory of Lilia-White (Sales) Ltd were Mr Kobayashi (second from left) and Mr Aoki (far right). Both are from the Anne Co in Japan. They are seen here with Mr J. N. Hillman (third from left) deputy managing director of Lilia-White and Mr D. Wilkinson, a Lilia-White director

People

Dr A. Worlock, MB, BS, the present chairman of Hoechst Pharmaceuticals is to join the board of the Wellcome Foundation Ltd at a date not later than March 1, 1973. He will serve as group marketing director to the Foundation. Dr Arnold Worlock, 41, qualified in medicine in 1955 and joined the pharmaceutical industry in 1958 with Evans Medical Ltd. He joined Hoechst Pharmaceuticals in 1964.

Dr H. C. Pereira, FRS has been appointed chief scientist to the Ministry of Agriculture, Fisheries and Food. He will be responsible for commissioning the Ministry's research and development programmes.

News in brief

☐ Poisoning by "solid or liquid substances", mainly medicines, is now the commonest method of committing suicide according to the latest Office of Health Economics information sheet. It accounts for nearly half of all suicides. The number of deaths from this cause doubled in the first three years of the sixties but has remained constant since and has not reached a level high enough to replace all of the gas poisonings suicides which have been avoided.

Prescriptions dispensed in Northern Ireland during August numbered 776,827 (498,730 forms). The total cost was £769,512, an average of £0·99 per prescription.

☐ More than 70,000 tablets and three gallons of medicine were handed in during an "unwanted medicines" campaign in Morecambe, Lancs, recently.

Topical reflections

BY XRAYSER

Dilutions

A circular from the Central NHS (Chemist Contractors) Committee draws attention to the unusual happenings resulting from the dilution of certain preparations with syrup. That syrup, which used to rejoice in the name of "simple", is apparently more complex than it used to be, and its employment as a diluent is less satisfactory than hitherto. Since October 1, the circular states, the British Pharmacopoeia has permitted the use of preservatives in syrup; incompatibility problems have arisen, and active steps are being taken to resolve the situation.

I gather that the preservatives in use, while permitted, are not uniform in kind or in strength, and pharmacists are requested to send details. Manufacturers of "ethical" products are also being consulted in the matter. But why must simple syrup be preserved? In forty years of making it in the pharmacy I never came across any obvious abnormality on keeping. And is it the correct approach to the question? Or, indeed, is it the question? Does the fault not lie in the obsession with the 5ml spoon?

There are occasions on which a doctor directs 2.5ml of a preparation which has been carefully formulated so as to produce an elegant, palatable and stable product. Prior to the introduction of the standard 5ml spoon he ordered a half-teaspoon, and that, with the varying sizes of household teaspoon was a haphazard exercise. But for some years before the official edict, a number of firms issued a graduated spoon with some of the antibiotic syrups with a very clear half-dose marked on the bowl of the spoon. (I am thinking of one in particular which had a flat bottom, enabling it to be laid down after measuring the dose.) Surely the answer to the complex situation which has been created—and need never have been—is to introduce a graduated spoon and to abolish the wholly unsatisfactory process of tinkering with a carefully formulated product to fit the 5ml spoon. The problems foreseen by the practising pharmacist in 1969 are still with us and seem to be multiplying.

Security

There was little new in that section of the conference of Scottish pharmacists devoted to the subject of drug misuse. It is true, as Dr F. Fish indicated, that when one door is closed another will open. Legislation designed to curb the availability of substances misused is generally successful in that limited sphere, but there appears to be no limit to the exploration by those who seem to find it essential to take drugs of some kind.

From time to time substances which have long been thought to be innocent become suspect, and the alert pharmacist in general practice is in a good position to keep a careful watch over a large field. Sudden demand for a particular product is something which should be discussed with colleagues.

That there is a problem is undoubted, and that many homes harbour excessive quantities of drugs is also not in doubt. The need for a locked cupboard in the home for all medicines is obvious, and it is not only the very young child who is at risk. Security in the pharmacy is another matter, and Mr E. M. Dalglish (assistant chief-constable, Glasgow) wisely said that "if the thief is kept outside, the dangerous drugs are safe inside." At one time the "dangerous" drugs could be secured in a small locked cupboard, but the range of preparations of interest to the drug thief is now so large that a strong-room would be the only safeguard—and, in fact, that is what the pharmacy must become so far as is practicable.

☐ The general index of retail prices in September was 166·4 (January 1962=100), compared with 165·5 in August.

☐ The introduction of a free family planning service by Hammersmith Council, London, in April has led to an increase of 63 per cent in attendance figures at clinics. The Council's finance committee has been asked for a further £16,000 to cover the year's costs, which are now expected to total £40,000.

CHEMISTS TOILETRY SUPPLEMENT

This is the second supplement this year prepared specially for the Chemist & Druggist by Beecham Products—Britain's foremost toiletry manufacturer. Its purpose is to outline the opportunities that exist in the toiletry market and to help the chemist realise the maximum profit from retailing fast-moving Beecham brands.

Although the forward-looking chemist has a unique position in the market place, he is faced with similar pressures to those of any other retailer. Changing economic conditions, the implications of VAT and the Common Market, will have their effects upon the operation of his business.

In these challenging days it is as important as ever for the pharmacist to be sure where the areas of greatest profit are in the retailing side of his business.

Faced with the ever-increasing competitive pressures in the High Street, with the reduction in N.H.S. prescription business since the re-introduction of charges, more and more chemists are realising the valuable role toiletries play in their overall profitability. Anxious to take advantage of the opportunities offered by major manufacturers' brands, many have been quick to reassess their trading relationship with other retailers and have begun to win back some of the valuable toiletry business which has been slipping away in recent years.

Beecham's obligation

With leading products strongly represented in all the five major toiletry categories, Beecham acknowledged their obligation to give maximum assistance to the chemist to enable him to derive the greatest possible benefit from retailing their toiletry lines.

To this end Beecham ensure that each of their representatives is given a comprehensive training, not only in sales but in the many other important aspects of toiletry marketing. Emphasising his role as a 'consultant', Beecham ensure that each representative is able to provide the chemist with practical and effective assistance. It is this expertise and willingness to give close attention to the separate requirements of each individual chemist, that has helped to build up over the years the mutual respect and confidence which exists between the chemist and the Beecham representative.

In short, the representative's job is to help the chemist to sell and not merely to sell to the chemist.

Just how important are toiletries?

Total retail sales of toiletries in this country have a value in excess of £224 million, having increased by 42 per cent during the last five years.

It is estimated that toiletries account for approximately 50 per cent of a pharmacy's entire turnover.

The five main categories—toothpaste, deodorants, men's hairdressings, hairsprays and shampoos—account for no less than £44 million in sales through chemists alone.

Toiletries give a profit of between 20 and 25 per cent on return.

Stock rationalisation to match demand

It is important for the chemist to look critically at his stock selection if he is to give the best possible service to his customer and at the same time make valuable profits from his sales.

In each of the five major market categories there are a great many competing brands and it is important that the chemist stocks brands which give him the best possible cover of the market with as few lines as possible. To do this it is of course necessary for him to cut out dead-lines and little-known slow-moving brands and to devote his valuable shelf space to more profitable use.

Taking advantage of quantity case rates, the chemist finds himself in a position to offer his customer truly competitive, price-cuts. He therefore gains extra sales through stocking fast-moving brands—the heavily advertised brand leaders—to deliver maximum turnover and profit.

Display

In recent years many pharmacies have changed to self-selection, reducing staff and in many cases freeing the pharmacist to devote more of his time to the dispensary and in view of the vast number of lines the chemist carries, it is essential that he is able to make the maximum use of the shelving space available to him, devoting his existing space to the most profitable brands. This is particularly important with a self-selection layout. Products should be attractively merchandised on shelves in block formation, reserving the lower shelves for the more bulky packs, tumble-bins, etc. Denoting main product groups with heading panels, Hair Care, Dental, Men's Preparations, etc, related products should be suitably sited—hair spray next to shampoo, toothpaste next to toothbrushes, and so on.

To gain maximum benefit from self-selection, it is essential that products are clearly priced, eleviating the necessity for enquiry and thereby saving shop assistants' valuable time and freeing her for other duties such as shelf-stocking.

Toiletries react well to an 'impulse purchase' situation. This is particularly true of Beecham brands with their modern and colourfully striking packs and it is important to devote sufficient space to these lines to gain maximum shelf impact.

Promote

Apart from the more obvious benefits to be derived from promoting a single toiletry product, there is little doubt that staging a regular programme of promotions will help to build up a strong customer loyalty, bearing in mind that the shopper, during her visit, will almost inevitably purchase products in addition to the one on promotion.

A chemist in Southampton, for example, reports that his medicine sales have increased by 15 per cent since he started promoting toiletries.

A price reduction is a great incentive to purchase and every Beecham representative is in a position to advise an attractive sell-out price which will enable the chemist to maintain a healthy profit margin.

To take full advantage of the massive weight of advertising and promotional support Beecham place behind their brands, the wise chemist will stage his major promotions to coincide with the Company's heavy advertising drives and special volume bonuses and no matter how limited the existing space in a pharmacy, an area can usually be found to create some form of promotion display.

Beecham provide a wide and striking range of display material for all toiletry products, specially tailored for the chemist. Again the Beecham representative will be pleased to advise and, if necessary, to erect, price and stock a suitable display unit, either using standard material or by adapting it for the chemist's particular requirement.

Additional impact can be achieved by the thoughtful use of window space to bring the offer to the attention of the passing shopper.

This supplement is designed to provide news of Beecham products in the five major markets, to keep chemists up-to-date on promotions and other important developments in these fields and to offer practical guidance to help the pharmacist gain maximum advantage from retailing Beecham lines.

Silvikrin new Conditioning Rinse—massive support

Typical of the massive promotional and advertising backing given by Beecham is the activity surrounding the introduction of the new Silvikrin Conditioning Rinse.

A twin-sachet sampling pack is available to encourage widespread consumer trial and a 4p price reduction on the bottle is designed to support further repeat purchasing. Strong trade bonuses are available to help the chemist to derive the maximum profit from sales of the new product.

The advertising appropriation of £90,000 is more than double that spent by any other brand in this market and is being devoted primarily to television but with additional coverage through Radio Luxembourg.

The only individual conditioner to use TV nationally, Beecham aim to achieve maximum impact and consumer awareness for the new product through the full colour 30-second national campaign which commenced in mid-October. Giving 80 per cent of all women a chance to see Silvikrin Conditioning Rinse advertisements during the campaign period, the schedule provides for four spots per week in the first five to six weeks.

Following from the exciting theme of the TV advertising, a wide range of display material has been designed specially for the chemist, to stimulate the maximum impact "in-store".

In providing this massive backing for the new product, Beecham are determined to quickly achieve a dominant share of this promising market which is expanding at the rate of 20 per cent per annum. Silvikrin Conditioning Rinse is seen as an important extension of their exceptionally successful Silvikrin Hair Care Range.

The Product

The new rinse has been specially formulated to suit three different hair types, each one containing specific conditioning ingredients—astringent, witchhazel and lemon for greasy hair, a herbal tonic conditioner for normal hair and moisturising almond oil in the variant for dry hair.

With the combination of these conditioning ingredients the product is absolutely unique. It leaves the hair richer, thicker and, by neutralising the static electricity in the hair, provides complete control and manageability.

Packaging

New Silvikrin Conditioning Rinse is available in two sizes. The modern 40 cc shatterproof plastic bottle is enclosed in a neat cardboard carton bearing a colourful design motif, the theme of which is in sympathy with the particular hair type. The R.S.P. for the bottle is 18p. Also available in a one-shot foil sachet, these bear a similar design motif to that of the bottle cartons and have a R.S.P. of 5p.

Both pack sizes are available in three variants—for dry, greasy and normal hair. The packaging has been successfully tested to have not only considerable cosmetic appeal for what is seen as part of a woman's "hair make-up" but also exceptional shelf impact when compared with competitive products.

The Market

Estimated to be worth £3·3 million at R.S.P. in 1972, the hair conditioner market is split into two sectors—the modern conditioning creme rinse worth £2 million, and the more traditional creme mainly sold in tube form and worth £1·3 million.

In the United States the conditioner market is in fact worth more than the shampoo market. This gives every justification to predict enormous growth potential for the creme rinse market in the U.K.

Currently 87 per cent of all women in the U.K. use a shampoo, and every one of these is a potential consumer for an after-shampoo conditioning rinse. In view of the fact that only 20 per cent of all women in this country use a conditioning product, there is an obvious market opportunity to educate the remaining 60 per cent as to the benefits of using a modern conditioning rinse product.

Brylcreem-outright brand leader

Brylcreem—the ideal gift

With its modern colourful pack, Brylcreem has over the years become a popular product amongst gift-buyers and by mounting the latest promotional offer Beecham aim to maximise the shoppers interest during the peak gift-buying period and thereby to further boost pre-Christmas sales through chemists outlets.

Strong pre-Christmas offer

In selecting Manikin, a leading and heavily advertised small cigar, to feature in an on-pack free mail-in offer during October and November, Beecham are giving added impetus to the brand's rising sales and providing the chemist with an opportunity to reap the benefit of high volume turnover during this period.

Purchasers of any two of Brylcreem's standard, medium or large tubs are invited to mail-in (enclosing foil seals from any size tubs as proof of purchase) for a free box of two Manikin Cigars. All the familiar red tubs carry a striking sleeve featuring details of the offer and mailing instructions.

Backed by a wide and powerful range of specially designed display material, the offer provides exciting opportunities to create massive consumer impact in all types of chemist outlets.

The promotion, which commenced on October 2nd, coincides with a programme

of heavily concentrated television advertising for Manikin, whilst Brylcreem will be investing no less than £67,000 in December and January alone.

Brylcreem, the clear brand leader in the men's hairdressings market, occupies approximately one third of total sales. Constantly improving and up-dating both product and pack, Brylcreem has been eminently successful both in maintaining strong brand loyalty amongst the long-standing customers and winning an ever-increasing number of new users. In spite of changes in men's hair fashion in recent years, the famous name of Brylcreem has withstood all attempts to diminish its utter domination of the men's hairdressing market. What's more, whilst spotlighting an encouraging upward sales trend amongst younger men, recent audits have shown a marked overall increase in sales.

MACLEANS–Chemists leading toothpaste

Following on the success of their "Two for the price of one" offer, Macleans introduced another major consumer promotion to maintan the momentum of their fast-moving sales and provide additional profit opportunities for the chemist. The offer, which runs through October, November and December, offers price reductions of 3p on Standard, 4p on Large, 6p on Economy and 7p on the Giant sizes of both Freshmint and White Fluoride. This represents a discount of 20 per cent for the consumer with very attractive bonuses for the chemist.

Brand leader

Despite numerous attempts by new and re-launched toothpaste products to reduce the Brands total domination of chemist toothpaste sales, Macleans continue to hold their strong position in the market.

Massive Advertising support

This position allows Beecham to continue with a massive investment of some £½m in television advertising and this year the success of Macleans new colour commercials confirms their confidence in the "Lightening Whitening" message with its familiar "snow-scene" theme and animated lightning flash device.

The £200,000 invested for Macleans White Fluoride popular press advertising has doubtless played an important part in educating the public to the value of fluoride-based toothpaste. The swing in public opinion has been dramatic and definite and, with the added weight of professional recommendation, has pushed sales of White Fluoride to its highest ever level with an eight per cent share of the total toothpaste market.

In October, November and December, Macleans mount their biggest ever promotional drive for White Fluoride with full-colour advertisements appearing in no less than 12 popular women's publications. These whole-page advertisements are directed particularly at the young mother and depict a dentist's chair situation and emphasise the need to protect young teeth against decay.

"He said I was a good girl to come but my teeth didn't need anything done to them."

Macleans White Fluoride for stronger whiter teeth.

Macleans toothpaste white fluoride

With this sort of heavyweight support the chemist is provided with an unprecedented opportunity to benefit from the high volume sales potential of Macleans White Fluoride in the professional environment of the pharmacy.

With the backing of Macleans lively advertising and promotional activity, chemists have clearly been active in regaining much of the toothpaste business which in recent years had been lost to competitive outlets.

Macleans reduced Price Offer on Freshmint and White Fluoride runs through October, November and December and offers price reductions of 3p on standard, 4p on large, 6p on economy and 7p on the giant size, representing a discount of 20 per cent for the consumer.

New Bristows shampoo-overall market leader

Until the introduction early this year of New Bristow's Shampoo & Conditioner-In-One it had been difficult to establish the identity of any single dominant brand in the highly fragmented and volatile shampoo market. Although a number of brands, launched at about the same time, quickly gained a share of the market, their sales declined equally rapidly leaving New Bristow's to emerge as clear overall brand leader, so fulfilling the objectives of Beecham's carefully planned marketing programme.

Top quality shampoo

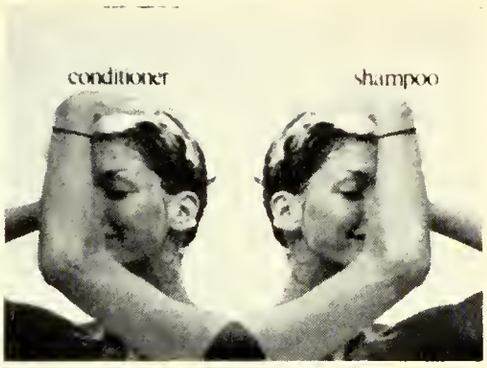
New Bristows strength is clearly in providing a product which not only offers but fulfils a promise of benefits superior to competitive cosmetic shampoos. Beecham's extensive pre-launch research and development programme resulted in the formulation of four shampoo variants which exactly satisfied a widespread consumer need and as a result the brand quickly became accepted by the consumer as a top-quality shampoo with the added benefit of the all-important conditioning properties.

Brand loyalty

This rapid build-up of strong loyalty for the brand is clearly reflected in its repeat purchase pattern which has become particularly apparent in the pharmacy.

Giving added weight to the attraction of

strong consumer offers. Beecham continue to stimulate strong demand by backing New Bristows with massive television advertising. It now remains for the chemist to maximise the impact of displays in the pharmacy to profit from the popularity of this successful new brand.



A still from New Bristow's Shampoo & Conditioner-in-One television colour commercial ". . . and it really does two things at once".

Silvikrin hairspray—the perfect promotional line

1972 has certainly been the most successful in the history of Silvikrin Hair Spray in providing chemists throughout the country with unprecedented sales results.

The success of a 25 per cent "Added Value" promotion staged through April and May proved the outstanding appeal of the familiar "Daisy" pack and the overwhelming demand created by the offer drew repeated requests from chemists for additional supplies, completely exhausting Beecham's reserve stocks and pushing factory sales to an unprecedented level.

Following numerous requests, Beecham decided to provide the chemist with an opportunity to profit from another "Added Value" promotion through August and September. A promotion which, in the light of recent reports, has produced sales far above the anticipated level.

Scenes from the now famous Silvikrin Hair Spray "Dandelion" television commercial.

Heavy advertising support

Beecham's confidence in the growing success of the brand is reflected in a 40 per cent increase in advertising expenditure behind their now famous "Dandelion" campaign, part of which is represented by a high concentration of national television advertising which commenced in October.

New protein variant

Another important event for Silvikrin Hair Spray this year was the recent introduction of a fourth variant in the range. The first of its kind available on the market, the new spray has a protein content and is formulated specially for "problem" hair types. Providing a treatment in an area of which so many women are conscious nowadays, Silvikrin Protein Hair Spray has gained complete acceptance by the consumer and is enjoying a lively demand in chemists.

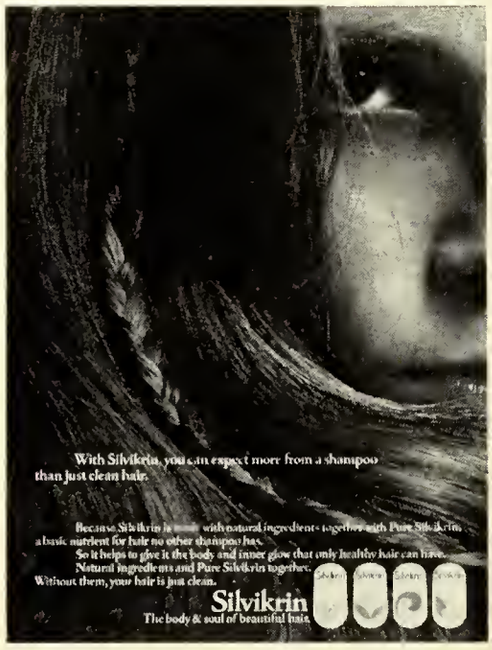
Silvikrin shampoo

Heavy press campaign

Powerful promotional activity accompanied by complete dominance of shampoo advertising in the press have contributed to the firmly maintained position of Silvikrin (Beecham's other highly successful shampoo). Chemists' sales throughout the country continue to reflect the benefit of a six-month concentration of heavy press advertising in the form of full page colour advertisements in popular women's magazines. This massive campaign which represents part of an extra expenditure of 20 per cent in women's journals this year for Silvikrin, provides an opportunity for no less than 3¼m women in the 16-24 age bracket alone to see the campaign during the six-month period.

Silvikrin Shampoo sales increased notably during last year, but even greater backing this year will certainly see a strengthening of Silvikrin's position amongst the shampoo brand leaders, resulting in a further substantial increase in profits for the chemist.

With "natural" hair fashions still enjoying increasing popularity, the natural ingredients of Silvikrin's Shampoo variants —Alpine Herb, Lemon and Lime, Almond Oil and Egg Protein—continue to gain wide consumer acceptance in providing well-conditioned, naturally healthy and beautiful hair at a popular price.



One of the full page colour advertisements appearing in many of the popular women's magazines.

Beecham and the forward-looking chemist

The massive investment in advertising and promotional support for Beecham's top quality toiletry products generates consistently strong consumer demand. This is the kind of brand backing which can be provided only by a major manufacturer such as Beecham and the profit-conscious chemist is wise to select only fast-moving lines which allow him to maximise his return from products which, by long tradition, the consumer expects to find in the pharmacy.

By taking full advantage of Beecham's lively promotional programme, special trade bonuses and making full use of the extensive range of specially tailored merchandising material which is always available, the chemist is able to compete effectively with his High Street neighbours.

In addition his Beecham representative will be pleased to offer guidance and practical assistance whenever required to help the chemist realise the full profit potential of these high-volume popular toiletry products which play such a vital role in his overall retailing operation.

New products and packs

Cosmetics and toiletries

Bathtime freshener

After-bath fresheners (£0·39) from Rosedale Products is a cool body spray containing May Green fragrance and distributed by Fasset & Johnson Ltd, 19 Radford Crescent, Billericay, Essex.

Bio-Facial goes national

Bio-Facial, the treatment for spots and other skin blemishes which was launched through mail order in June 1971, will be on national sale this month (£1·25). Declared ingredients are Chlorhexidine 1·5 per cent and glycerin 4·6 per cent. The makers, Ski of Switzerland, a subsidiary of Mediline, claim that Bio-Facial kills more germs effectively and can penetrate through damaged skin to the sources of infection (Ski of Switzerland Ltd, Hillsons Road, Curdridge SO2 2DY).

Medicated makeup

Bio-Coverfluid (£0·75), a new makeup, has been added to the Bio range of medicated skin preparations from Helena Rubenstein. A matt, creamy foundation. Bio-Coverfluid is designed to cover blemishes and help clear spots and pimples. The declared ingedient is ·05 per cent glyoxyl diureide (allantoin). It is available in four flat beige tones: Fair Beige, Cameo Beige, Sunlit Beige and Tawny Beige (Helena Rubenstein, 31 Davies Street, London W1Y 1FN).

Moon Drops treatment masques

Revlon have introduced three facial masques in their Moon Drops range (£1·20 each). Stimulating Mint Masque is a mint-scented gel based on natural balm mint which, says Revlon, can be used on any type of skin and will enliven skin tone. Re-Texturing Whole Egg Masque contains whole egg protein and can also be used on all skin types. The makers claim it deep cleanses and tightens pores, firms up facial contours and eases away tiny dry skin lines. And Moisturising Honey Masque is a clear amber gel which forms a thin, transparent "skin" to remove deep-seated impurities. They recommend this one for drier skins as it supplies moisture and relieves facial tension that can produce wrinkles.

Fresh Face (£0·90) in the Natural Wonder range from Revlon both cleanses and tones the skin and is meant to supplement the daily routine of morning/evening cleansing. It is made, say Revlon, from natural extracts of natural ingredients and is available in four varieties: Cucumber Fresh Face, Strawberry Fresh Face, Peach Fresh Face or Honey and Almond Fresh Face.

Two additions to Revlon's Lemon Tree line of toiletries are Lemon Slices (£0·45) which are 25 slices of lemon scented cleansing and freshening pads and Lemon Spray Mist (£1·10), a fresh, tangy fragrance (Revlon International, 86 Brook Street, London W1).

New Jeepers Peepers shades

Mary Quant has extended the Jeepers Peepers range of eye colours to include six new kits: Red White & Blue, Sugared Almond, Tiddlypinks, Peanuts, Go Green and Boy Blue (£0·80) (Mary Quant Cosmetics Ltd, Surbiton, Surrey KT6 7LU).

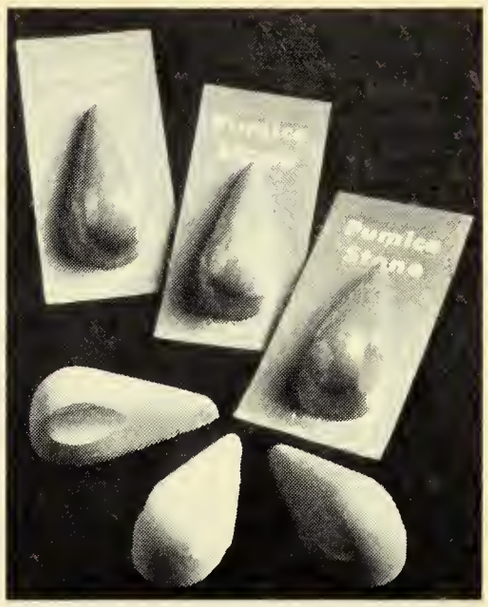
Sundries

Cuckoo pumice stone

A colourful range of British-made pumice stone (£0·11) is available from M. J. Fecher. Known as the Cuckoo range each is designed in the traditional mouse shape, are separately carded and presented on point-of-sale packs. The colours available are pink, green, blue, yellow and natural grey (M. J. Fecher Ltd, Cuckoo House, Wellcroft Road, Slough, Bucks).

Fabric design kit

Batik is the ancient method of creating designs on fabric with wax and cold dyes. Now Dylon have launched the Dylon Batik kit which includes adjustable batik frame, special batik wax (75 per cent paraffin wax/25 per cent beeswax), metal container, Tjanting tool, two paint brushes, drawing pins, 10 assorted Dylon cold dye colours, 10 sachets Dylon cold dye fix, polythene gloves, instruction leaflets and shadecard (£4·90). The kit is presented in a cardboard box which features step-by-step illustrations on the lid.



Dylon have also brought out a range of Batik accessories comprising adjustable batik frame, Tjanting tool with 25mm bowl, or 35mm bowl, and batik wax in a pound pack. All are individually packed in polythene wrappers with bright header cards. Free colour leaflets are available (Dylon International Ltd, 56 George Street, London W1H 5RF).

Feminine hygiene

Bright pack design

Loop-end perfection in protection Sylvia sanitary towels are changing from their Swan pack to a bright, floral design plastic bag with a draw-string neck. The first of the range, which will be supplied in the new pack from now onwards, will be sizes 1 (£0·16½) and 2 (£0·19). And in future there will be 10 towels per bag instead of 12. Sizes popular, Maternity Sylvia and 3 will also change to the new design pack of 10 towels shortly (Cuxson, Gerrard & Co Ltd, Fountain Lane, Oldbury, Warley, Worcs).

Babyfoods

Teatime savouries

Three Teatime savouries have been added to the range of Gerber babyfoods. The new varieties: veal and tomatoes with noodles, bacon and cheese with noodles, and cheese and celery with macaroni are suitable for babies of six months and over, and have been created for teatime feeding being designed to provide a "light but filling meal for babies with special nutritional qualities in the form of added protein, calcium and iron".

The launch is being backed by full page advertisements in the *Mother* and baby Press from October to December 1972.

Gerber's existing teatime savoury: cheese and macaroni, has also been relabelled CPC (United Kingdom) Ltd, Brown & Polson division, Claygate House, Esher, Surrey.

Prescription specialities

INFLUVAC spray

Manufacturer Duphar Laboratories Ltd, Gaters Hill, West End, Southampton SO3 3JD
Description Inactivated influenza virus vaccine in a metered dose aerosol delivering in four puffs a dose of 600 International Units
Indication Prophylaxis against influenza
Contraindications Hypersensitivity to chicken protein and chicken feathers
Dosage Adults and children over 10 years: 4 puffs. Children under 10 years: 1 puff into each nostril. It is recommended that this dase for children is repeated after 4 weeks
Storage Between 2° and 10°C
Pack Canister of 25 doses plus 25 nasal applicators (£17·50 trade)
Issued October 1972

DETECLO syrup

Manufacturer Lederle Laboratories division of Cyanamid of Great Britain Ltd, Fareham Road, Gosport
Description Syrup (75mg/5ml) each 5ml containing the equivalent of tetracycline hydrochloride 28·85mg, chlortetracycline hydrochloride 28·85mg and demethylchlortetracycline 17·30 mg
Indications, etc As for Deteelo tablets
Dosage: *Children*: 3mg/lb body weight per day. Dosage may be adjusted according to severity of infection
Storage At room temperature
Pack Bottle of 300ml (£0·34).
Supply restrictions TSA
Issued: November 1972

TRISCAL suspension

Manufacturer: Nicholas Laboratories Ltd, 225 Bath Road, Slough, Bucks.
Description: White aqueous suspension containing in each 5ml prepared chalk 680mg, light magnesium carbonate 80mg, in a base containing peppermint and lemon flavours.
Indications: As an antacid in peptic ulcer, heartburn, oesophagitis, hiatus hernia, gastritis, over-indulgence and gastric hyperacidity.
Dosage: One to two 5ml spoonfuls after meals and at night. For acute therapy repeat every one or two hours or as directed. Children between 5 and 12 years of age should be given half the above dosage.
Pack Bottle of 300ml (£0·34).
Issued: September 1972.

NORIDAY tablets

Manufacturer: Syntex Pharmaceuticals Ltd, St Ives House, Maidenhead, Berks.
Description: Tablets each containing Norethisterone 0·35mg.
Indications: Oestrogen-free conception control.
Contraindications: Previous thromboembolism, active liver disease, and undiagnosed, irregular vaginal bleeding.
Dosage: One "pill" every day, medication should commence on the first day of the menstrual period and be continued, without interruption, for as long as conception control is required.
Notes: During the first 14 days of administration an additional method of contraception should be used.
Side effects: Some degree of menstrual irregularity will probably be experienced during the first few months of therapy.
Pack Calendar pack of 28 tablets (£0·29 trade).
Supply restrictions: P1, S4B.
Issued: October 1972.

MICRONOR tablets

Manufacturer Ortho Pharmaceutical Ltd, Saunderton, High Wycombe, Bucks
Description Pale green tablets each containing norethisterone 0·35mg
Indications Contraception
Contraindications Existing thrombophlebitis, thromboembolic disorders, cerebrovascular accidents, markedly impaired liver function, undiagnosed abnormal genital bleeding or hormonal dependent tumours
Dosage One tablet daily, starting on the first day of menstruation, on a continuous daily dosage regimen
Notes If the patient misses more than one tablet, or has vomiting and diarrhoea which will impair absorption, an additional method of contraception should be used
Side effects Menstrual patterns will be irregular. Patients should be advised of this variation in cycle length
Pack Of 42 tablets (£0·39 trade)
Supply restrictions P1, S4B
Issued October 1972

FEMULEN tablets

Manufacturer G. D. Searle & Co Ltd, Whatton Road, Morpeth, Northumberland
Description White tablets each containing ethynodiol diacetate 0·5mg
Indications Oral contraception
Contraindications Thromboembolic and cerebro-vascular disorders or a past history of these conditions and known or suspected hormonal dependent carcinoma
Dosage One tablet daily, administration to begin on the first day of bleeding of the menstrual cycle
Side effects Menstrual irregularities may be experienced which should decrease with time
Packs Wallets of 28 tablets (£0·24 trade) and 3 x 28 tablets (£0·67)
Supply restrictions P1, S4B
Issued October 1972

10 good reasons for displaying new look Tubifoam...

Chiropodists everywhere use Tubifoam tubes for toe treatment and protection. Now, in new blister-packs, and a range of 5 sizes, inexpensive Tubifoam tubes are going to be best sellers for many other applications which don't need professional advice. There's a big value-for-money 12" length of Tubifoam in every pack, ready for your customers to cut off the exact amount they need each time. Tubifoam holds itself in place and offers all round protection. It is ideal, not only to relieve pressure and prevent chafing, but also for covering tender or bruised fingers and toes. Display the new Tubifoam packs prominently – and watch your sales increase.

Ask your usual wholesaler – or write direct to us,

BATEMAN-JACKSON

Tubiton House, Medlock Street, Oldham, Lancs.
Tel. 061-652 2222 Grams 'Tubiton' Oldham

A member of the Seton group

Distributors of Seton Specialised Surgical Dressings and Appliances.

...and here's 10 more!

Trade News

Air ring valve

In addition to the metal screw-type valve fitted to their standard range of hospital air rings, William Freeman & Co Ltd, Staincross, Barnsley, have introduced an alternative cycle-type air valve to a Department of Health specification. The new valve is suitable for all pump connectors and is fitted to the three sizes of air rings available, 16, 18 and 20 ins diameters. These air rings may be cold sterilised as they are unaffected by normal strength disinfectants. Free illustrated literature detailing the product range is available from the company.

Deodorisation: A new concept

Grillo-Werke AG of West Germany say that they have established that certain zinc compounds have the capacity to bind odorous compounds of low-medium molecular weight. By including their Deoreagent in aerosols, sticks, talcs, foam baths, etc. "not only are the natural body odours absorbed but also the superimposed odours such as tobacco smoke and kitchen smells." They add that the compound has undergone exhaustive dermatological and toxicological investigations and has now been patented in most countries of the world.

Details are available from the UK agents, Tar Residuals Ltd, Cheadle Heath, Stockport, Ches.

New look for New Complan

Complan, Glaxo Laboratories' milk-based food, is now being produced by a spray-drying technique and has been re-launched as New Complan in updated packaging.

Nationwide consumer research has shown that New Complan is regarded as creamier, better tasting and easier to mix, and the makers are confident that "those many people who need building up with a pleasant tasting, easily digested, balanced food" are going to turn to the product. Glaxo Laboratories Ltd, Greenford, Middlesex, state that the consumer launch date is November 13, but stocks are already being distributed. Point-of-sale material is available, and the launch is being supported by "testimonial" Press advertising.

Starpack Award for Maws

The Maws toiletry range has recently gained a Merit Award at the Starpack 1972 Exhibition. Their specially designed toiletry bottles, first introduced in 1971, features finger-grip and flip-top pourers and the range includes baby lotion, baby bathcare, junior shampoo and Supple.

Mavala packs updated

A new-style carded pack has been designed for all the treatment products from Mavala Ltd, High Street, Horley, Surrey, to replace their blister packs.

Babycare packs redesigned

H. Bronnley & Co Ltd of 10 Conduit Street, London W1, have repackaged their babycare products, baby powder and baby lotion, in chunky bottles decorated in blue and pink with white, screw-on tops.

Peppermint Dextrosol launched

CPC (United Kingdom) Ltd have launched a peppermint flavoured variety of Dextrosol, the glucose energy supplement, already available in orange, lemon, lime and natural flavours. CPC predicts a warm response to the new peppermint flavour because of the high acceptance which this flavour enjoys in other products.

The company report that the sales of the flavoured varieties of Dextrosol together showed a 43.5 per cent increase through chemists last year where they have consolidated distribution of 92 per cent.

To introduce the newcomer, CPC have flashed the first 216,000 packs of peppermint Dextrosol with an introductory offer. In return for two wrappers a 6p voucher against a future purchase of any variety Dextrosol can be obtained.

New ampoule

Calcium-Sandoz 10 per cent parenteral solution is now being packed in a snap-type ampoule. However, Sandoz Products Ltd, 41 Upper Grosvenor Street, London W1X 0AL state the formulae and pack of 5, 10 ml ampoules are unchanged.

Southern TV retail sales force

Southern Sales Service is the name for Southern Television's new retail field force of experienced salesmen which is now available on contract to advertisers in the South in support of their television campaigns in the region.

The sales force has extensive local knowledge and trade contacts in the area, which can be applied whenever maximum distribution and selling effort are vital. Continuity of retail contact at the local level will permit the development of relationships not possible with the usual auxiliary field forces, it is claimed.

Principally set up to assist in the launch of new products at the test market and regional distribution stages, the twelve-strong sales team will be able to exploit to the full the impact of television at the stage when thorough coverage and rapid penetration of the market are essential. Uniformed, the salesman will drive distinctive estate cars bearing the Southern Television insignia.

It is expected that selling campaigns will be directed mostly to chemists, confectioners and grocers, particularly independents and symbol groups. Further information from: Southern Television Ltd, Glen House, Stag Place, Victoria, London SW1E 5AX.

Commissions sought

Mr S. D. Andrew, MPS, FSMC, chairman of J. Waterhouse & Co Ltd, Ashton-under-Lyne, Manchester, will be making a business trip to Johannesburg and Pretoria in early December and will accept suitable commissions on behalf of other interested pharmaceutical manufacturers who wish to negotiate agencies or increase exports to that part of the world.

This will be Mr Andrew's second visit and his address while there will be: c/o Dr W. Bodemer, 468 Nicolson Street, Brooklyn, Pretoria, South Africa.

Copper IUD given clearance

Gravigard, the intra-uterine contraceptive device based on the release of copper ions, has now been given clearance by the Committee on Safety of Medicines. The product made by G. D. Searle & Co Ltd, High Wycombe, Bucks, was reclassified as a medicinal product rather than a device by the Department of Health shortly after its introduction (*C&D*, October 21, p590).

Benoral suspension

As from November 15, Benoral suspension made by Winthrop Laboratories, Winthrop House, Surbiton, Surrey, will be promoted to general medical practitioners.

The product (*C & D*, July 15, p 73) has previously only been promoted to hospitals.

Chemical Combination

A new range of garden products is now available from May & Baker Ltd, Dagenham, Essex, following the acquisition of sole rights to items previously marketed by Bayer Agrochem Ltd. The combination of these speciality chemicals means that a large selection of lawn care products, insecticides, fungicides, pesticides and rooting powders are available from a single supplier. A nation-wide promotional programme is planned for next year.

Rentokil goes metric

Rentokil Ltd products division have announced the publication of their 1973 price list to be effective from January 1. The entire range of Rentokil timber treatment fluids will be supplied with metric contents and in all instances, except for ¼ pint Teak Oil tins and ¼ pint Woodworm fluid tins (new contents 125 ml), will be packed in metric containers.

And across the Rentokil range, In-Tray shrinkwrapping techniques are being adopted for all store delivery packs up to and including 2·5 litre containers. Only rodenticide packs are excluded. Their aerosols and puffer packs will continue, for the time being, to show contents by imperial

and metric measure, as will Rentokil Wax Polish. Of the rodenticide range, bulk packaging of Rodine Warfarin will be 1 kilo as now for the large size, followed by 3 kg. Biotrol bulk packs will be in 3, 6, 12 and 25 kg. Mothproofer and Carpet Beetle Killer fluids will also be in metric containers.

This is the second stage in the full metrication of the Rentokil Product range. It is anticipated that all containers will be supplied in metric sizes and contents by April 1973. Imperial measure will be discontinued during 1973.

Tropical fruit flavour

New batches of tablets of Distalgesic soluble (No. 1063) have a "tropical fruit" flavour. Dista Products Ltd, Speke, Liverpool point out that apart from this, the presentation and formula is unchanged and it is not intended therefore to recall stocks of previous batches.

Labeller change

The Autolabeller range of labelling machines is now manufactured at G. D. Peters & Co Ltd, Windsor Works, Mill Street, Slough, Bucks. Correspondence should be addressed to Mr D. Miles, sales manager.

Exhibition open to all

To mark the occasion of its 19th Spring Exhibition, Agfa-Gevaert NV, Belgium, are inviting both amateur and professional photographers to forward their work for inclusion in the International exhibition. The choice of subject is left to the photographer and he can submit up to four black and white and four colour prints, size 30cm minimum by 40 cm maximum. There will be one gold, two silver and five bronze medals awarded in each category, together with certificates of merit.

Full details and entry forms for this exhibition can be obtained from Agfa-Gevaert Ltd, Great West Road, Brentford, Middlesex.

Bonus offers

Mavala Laboratories Ltd, Mavala House, High Street, Horley, Surrey. Mavala Scientifique 1cc. 13 invoiced as 12; 168 invoiced as 144. Mavala Scientifique 2cc. 13 invoiced as 12; 84 invoiced as 72. Mavaderma. 12 invoiced as 12; 84 invoiced as 72.

Halas Laboratories Ltd, Thorp Arch Trading Estate, Boston Spa, Yorks. Cabdrivers adult and junior linctus. 13 invoiced as 12. Cabdrivers nasal decongestant tablets. 12 invoiced as 10. During November and December.

Fennings Pharmaceuticals, 86 Hurst Road, Horsham, Sussex. Fennings Little Healers. 13 invoiced as 12; 42 invoiced as 36; 90 invoiced as 72. Until November 30.

Pharmaceutical Specialities (May & Baker) Ltd, Dagenham, Essex. Phenergan Compound 125ml. 10 invoiced as 9. Phensydyl linctus, Tixylix linctus 125ml. 20 invoiced as 18 (higher bonus on larger quantities). Until February 1973.

Promotions

Free hair conditioner

The new variant of Cream Silk from Elida is being given away as a free insert in the November 26 issue of *Woman's Journal*. The relaunch of Cream Silk, with its new variant for damaged brittle hair, has been widely accepted say Elida and they estimate that the two varieties of Cream Silk will have 14 per cent of the hair conditioner market by the end of the year (Elida Hesketh House, Portman Square, London W1A 1DY).

Display material available

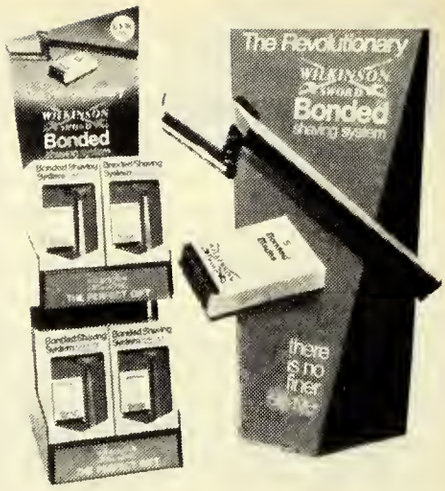
The manufacturers of Biovital are supplying three items of display material to boost autumn and winter sales. All three articles highlight the theme "Can't cope? Consider Biovital" and have been designed to support the "women's lib" consumer advertising campaign now being carried out in women's weekly and monthly publications.

A pack crowner, counter display unit holding four packs of Biovital and a pack surround unit which focuses attention on the medical measure available free to consumers comprises the promotional material. It is being supplied to pharmacies by representatives of Radiol Chemicals and may also be obtained direct from Radiol Chemicals Ltd, at Stepfield, Essex.

As only limited quantities of the four-pack counter display unit are available at present it is being allocated on a "first come—first served" basis.

Anti-noise support

From November 18, Boules Quies ear plugs from Dales Pharmaceuticals Ltd, are being promoted in *Woman* and the *News of the World* (Farillon Ltd, Chesham House, Chesham Close, Romford RM1 4JX).



Space Odyssey theme music

Wilkinson Sword have announced their television advertising plans and new point-of-sale material to support the Bonded shaving system. A 30-second colour commercial will be shown nationally from mid-November with more spots planned in December. The commercial continues the "space" theme, using the music from the film 2001.

Point of sale material, featuring the slogan "the perfect gift", includes display units for 6, 12 and 24 razor sets, a new display unit for Bonded blade refills and a large window piece featuring both the Bonded razor and refill dispensers as well as showcards and stockist signs (Wilkinson Sword Ltd, Sword Works, Southfield Road, London W4).

Gala launch lip liner

Gala of London are spending more than £50,000 on advertising for their new Lip Pen. The promotion which began last week consists of 15-second commercials in the London, ATV, Granada, Trident, Stags, Harlech, Southern and Westward areas. Advertising support is also planned in women's journals (Gala of London, Surbiton, Surrey).

on TV next week

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Alka Seltzer: All areas
Alpine spring: So
Askit powders: Sc, G
Beechams powders: All except E
Lux soap: All except E
Oriental Spice: So
Philips Philishave: All except E, CI
Remington shaver: All except E
Rennies: All except U, E
Silvikrin conditioner: All areas
Tegrin medicated shampoo: So
Venos cough mixture: All except E
Viking Brews Ltd: M, Y, Sc, WW, So, We

Professional News

Pharmaceutical Society of Northern Ireland

Mr. T. I. O'Rourke elected president as Mrs. O'Rourke takes Council place

"A unique occasion" was the description used when Mr T. D. O'Rourke was elected president of the Pharmaceutical Society of Northern Ireland at the Council meeting on October 19.

The new president took up his office at the first meeting attended by Mrs O'Rourke who, with Mr S. Moore, had been recently elected to the Council.

Proposing Mr T. I. O'Rourke as president Mr W. T. Hunter, the outgoing president, said Mr O'Rourke was a man who travelled around a great deal and this would be a great advantage to the Council in the coming year. The proposal was seconded by Mrs Watson who referred to the unique occasion. Mr T. A. Gray was elected vice-president on the proposal of Mr O'Rourke, seconded by Mr McIlhagger, and Mrs C. B. A. Watson was elected treasurer on the proposal of Mr Gray seconded by Mr Kerr. The president welcomed the two newly elected members, Mrs O'Rourke and Mr S. Moore. It was agreed that a letter be sent to Mr W. H. Boyd and to Mr J. Gordon thanking them for all their years of service on the Council.

A letter from the Very Reverend Father Raymond Fitzpatrick, Ph.D., was read thanking, on behalf of his sister and himself, the Council for their message of sympathy on the tragic death of his brother, Father Noel Fitzpatrick, who was a former member of the Society.

A letter from the registrar of the Pharmacy Board of Tasmania was read inviting the Society to send representatives as observers to the Annual Conference of Presidents, Delegates and registrars of the various Pharmacy Boards of the Australian States and New Zealand to be held on March 22 and 23, 1973. It was agreed that because of commitments concerning EEC pharmacy meetings it would not be possible for the Council to be represented at the Conference but the secretary was instructed to send the Council's greeting and good wishes.

The report from the education committee included a recommendation that students should no longer be required to pass an examination in forensic pharmacy, held by the Council, to become eligible for registration as a pharmacist. Mr Kerr moved that the recommendation be referred back to the committee. He said a student who had undergone practical training at his pharmacy had, subsequent to graduation, spent four years teaching in a grammar school before commencing practical training. Thus a period of at least six years had elapsed between the student taking the degree course examination in forensic pharmacy and his registration as a pharmacist. Much could be forgotten in that time and important changes in legislation could be made. He felt it reasonable to excuse from the examination a student registered as such within, say, two years of graduation but some time limit should be retained. Mr McIlhagger said that although a member of the education committee he had not supported the recommendation. Some graduates spent three years on research work before registering as students and undergoing practical training. He thought such students should be required to pass the Council's examination in forensic pharmacy. Mr Chambers, chairman of the education committee, said all those arguments had been considered in reaching a decision. The committee had also had the benefit of the views of Dr Woodside, the Society's examiner in forensic pharmacy. He was convinced that the Council's examination was no longer necessary. The report was adopted, as were those from the Finance, Law and General Purposes committees.

Mr Kerr submitted reports on a number of EEC pharmacy meetings he had lately attended. It was agreed that a Northern Ireland Committee be established and the following were appointed members: the president, vice-president, Mrs O'Rourke, Professor D'Arcy, Messrs Kerr (chairman), McIlhagger and McIntyre. The following committees were appointed: *Education* Messrs Boyle, Chambers (chairman), Kerr, McIlhagger, Magee, Moore, Dr Bacon and Professor D'Arcy. *Ethical* Messrs Boyle, Chambers, Coll (chairman), Crawford, Eakin, Moore, Thornton and Mrs O'Rourke. *Finance* Messrs Adair, Dennison (chairman), Hunter, McIlhagger, Magee, Paul, Pollock, Thornton and Mrs Watson. *House* Messrs Coll, Eakin (chairman), McIntyre, Pollock, Dr Bacon, Mrs O'Rourke and Mrs Watson. *Law* Messrs Chambers, Crawford, Dennison, Gray (chairman), Kerr, Moore, Paul, Thornton and Professor D'Arcy. *Public Relations* Messrs Boyle, Coll, Crawford, Eakin, McIntyre (chairman), Mrs Watson and Professor D'Arcy. *General Purposes* The president, vice-president, treasurer, Messrs Chambers, Coll, Dennison, Hunter, Kerr and McIntyre.

National Pharmaceutical Union

Can general practice face its EEC obligations?

Are pharmacists willing, in exchange for monopoly in the supply of medicines, to face up to the obligation to supply whenever the medicines are needed? asked Mr H. B. Coulson, NPU treasurer this week

Speaking at an NPU area meeting at Bedford on "The Common Market and the NPU", he pointed out that decisions of the Council of Ministers did not always have to be unanimous—and the decisions affecting pharmacy would be of the "majority decision" type. "Great Britain is likely to be the odd man out, and can be outvoted".

Mr Coulson outlined the aims for pharmacy practice set out by the European pharmaceutical group in relation to training, monopoly, distribution of pharmacies, ethics, responsibility for quality and ownerships. It was up to British pharmacy to formulate its own policy as quickly as possible.

All would agree with monopoly of supply, but that meant having adequate distribution of pharmacies—it implied solving the rural and low-population areas problem. This must be by some form of limitation and possible subsidy to protect pharmacies in those areas. Mr Coulson believed the problem could be virtually solved by doubling the "mile limit". In Luxembourg the limit was six miles and there were no dispensing doctors.

On "decommercialisation", the speaker said it had been estimated that it would involve giving up 40 per cent of current business for an increase of 7 per cent from medicines sales. "We must lay down as a first principle that while we are only too willing to give up some sides, we will not give up anything until we have something of at least equal value in return." Mr Coulson believed that the process of decommercialisation would be slow, however —ten years or more.

If 40 per cent of the business were to be given up, Mr Coulson calculated that dispensing fees would have to be increased by 75 per cent to recoup the loss. Yet the NPU delegation that had recently been to the continent found pharmacists annual earnings in Belgium around £9,000, in Holland £12,500 and in Germany £15,000. Accepting the differences in cost of living, Mr Coulson added "I think dispensing fees would have to be increased three fold to get to this sort of position".

In conclusion, Mr Coulson referred to the recent meeting of Local Parmaceutical

Continued on p682

Continued from p681

Committee representatives on the Linstead report. As one concerned with the original NHS contract, which allowed for costs plus profit, he thought the contract had been "pushed to its limits" and needed a new basis. Not enough attention had been paid to EEC entry at the meeting yet it would give rise to discussion from a completely new angle of such things as a comprehensive pharmaceutical service, planned distribution, rural dispensing, restrictions on goods sold, professional remuneration and personal responsibility.

It seemed there was an opportunity—"if we grasp it"—to refashion general practice pharmacy. But it would not come about by wishful thinking, only by putting a great deal of work into deciding what was wanted and persuading European colleagues to agree.

During the discussion, it was suggested that the NPU was itself the "biggest enemy" to progress in the European direction. But Mr Coulson argued that in its commercial activities the Union was concerned with the well-being of members. It was well aware that members would prefer to earn their remuneration professionally, and if the NPU could help to bring that about it would. But professional services could only be given if members were reasonably prosperous, and it was a question of working towards the two goals.

'VAT has advantages for pharmacists'

Value added tax will have considerable advantages for pharmacists and be far more simple than purchase tax, said Mr K. R. Rutter, a member of the Executive, at Bedford. He added that once pharmacists had read through the details they would find that VAT was not as complex as some people tried to make out.

However, anybody with a very simple system of book-keeping would be faced with serious problems. Mr Rutter believed that three ledgers would be required, one for inputs, one for outputs and one as a summary. Using that system he believed that the extra time the pharmacist would need to spend on book-keeping would amount to only 10-15 minutes each week, 30 minutes at the end of each month and one hour at the end of each quarter. One of the advantages of VAT was that once the initial purchase tax double-payment problem had been overcome, there would be no loss (or gain) to the retailer when the rate was changed.

Mr Rutter outlined the principles of VAT and its operation, and brought out some of the anomalies. For example, water was zero rated, but distilled water was not and would carry full VAT. The "health" professions such as doctors, dentists, opticians, were exempt from VAT and would have to bear tax on their inputs—this covered dispensing doctors and would create problems for pharmacist-opticians.

The only zero rated items in pharmacy would be baby foods, diabetic and invalid food and private prescriptions. Zero rating did not apply to counter prescribing. Mr Rutter recommended that the pharmacist should keep a separate note of the value of private dispensing with cross referencing to the prescription book so that the tax authorities could inspect the record.

Pointing out that any pharmacy doing more than 25 per cent NHS would be in credit with the tax authorities, Mr Rutter said he did not think this had been realised when it had been decided to allow in-credit retailers to reclaim tax monthly. They were trying to work out an on account payment so that the tax could be re-claimed quarterly.

A change in the procedure adopted by some manufacturers would be required because of the "tax point". This was the date of the receipt of goods on the premises—an invoice could not be dated before the goods were received.

Mr Rutter outlined the special accounting system which had been negotiated for use in pharmacies, and warned that if it were abused, a pharmacist would have no alternative but to go to one of the alternative procedures requiring perhaps an hour a day extra work.

During question time, he said that tax was counted after allowing for any discounts such as professional discount, Barclaycards or similar credit cards.

At last — the 'mini-pill'

By Dr G. A. Christie, Medical Director, Syntex Pharmaceuticals Ltd

After what some might consider a considerable gestation period the Committee on Safety of Medicines have finally published their report concerning animal carcinogenicity studies on steroids for contraceptive usage. In doing so the Committee has opened the gates to a flood of new preparations designed to make relatively reliable contraception available to an even larger group of women.

The term "relatively" is used advisedly, for perhaps the best known feature of these preparations is their slightly higher pregnancy rate than that of the currently available "pills". The feature is liable to apply to all of the "mini-pills", or certainly those available to date, for reliable scientific studies have yet to demonstrate any significant differences between them in that respect. However the slightly elevated pregnancy rate is still lower than that of any of the non-hormonal methods currently in use, therefore providing more reliable contraception to the users of those methods, without the inconveniences which such other use entails.

Whereas figures for the most reliable mechanical method of contraception (the IUD) place its failure rate around the five per 100 women per year, the figures for statistically significant trials of "mini-pills" published so far, indicate a failure rate near two to four, approximately half of this being due to patients failing to take the tablets correctly. Thus of every 100 women using the "mini-pill" correctly for a period of one year approximately one to two may expect to become pregnant.

Given that this slightly increased pregnancy rate may be considered a disadvantage, what are the advantages of these preparations which led patients in clinical trials so often to comment that they "never felt so well"?

Extensive monitoring of the patients in study has demonstrated that the use of small doses of progestogen without associated oestrogen on a continuous basis for conception control (the "mini-pill") is associated with minimal disturbance to normal physiology, unlike the situation with oestrogen-containing pills where quite sizeable changes can be observed. Even though the clinical significance, if any, of such changes is unknown, the "mini-pills" by their more selective action in the reproductive tract come closer to the ideal of specific end-organ action without effects elsewhere, which is the apotheosis of every practising physician and pharmacologist. Extensive laboratory monitoring of liver, adrenal and thyroid function, and of plasma lipids, has demonstrated no significant changes. Carbohydrate metabolism studies have demonstrated essentially no alteration and, perhaps most importantly, monitoring of a wide variety of parameters associated with blood coagulation has shown no significant alteration.

The last observation obviously brings to mind the question of whether one of the main advantages of the "mini-pill" may turn out to be an absence of the occurrence of thrombosis which has been statistically associated with the use of oestrogen-containing preparations. A controlled trial of 125,000 women years on a prospective basis would be necessary to prove such a suggestion. For the moment this possible advantage must remain hypothetical. Nonetheless, the circumstantial evidence is there (although no one has yet conclusively associated an increase in the clotting factors studied with an increase in the risk of thrombosis).

As with any advance in medicine, the advantages of a new method of treatment are inevitably associated with some disadvantages. In the case of the "mini-pills" the advantages of lack of effect on normal physiology, very low side effect incidence, and high patient acceptability (particularly in women who cannot tolerate oestrogen) are somewhat counter-balanced by a significant incidence of breakthrough bleeding. It can be evident particularly in the first few cycles and take rather longer to settle down than with combined oral contraceptives, in which the oestrogen present presumably assists in endometrical support.

However, this problem of breakthrough bleeding, which in many cases is only spotting barely requiring the use of protective measures, may be less of a problem than one might envisage. That is suggested by the high continuation of women using "mini-pill" contraception in clinical trials, particularly where they had been previously warned by the prescribing doctor that spotting would occur and that it would clear up as the months passed.

Hopefully this problem will be solved sometime in the future, although any solution is likely to be one of reformulation of products rather than of substitution of a new compound, as to date there appears little to choose between the different progestogens available. In the meantime this problem is unlikely to deter doctors from providing maximum patient comfort with minimum physiological disturbance which these preparations make available to their patients.

Letters

No longer an island

Normally, I am reluctant to comment on decisions or discussions by pharmacists from outside this country, even when I have disagreed with them or felt I had a contribution to make. However, with our impending entry into EEC the situation, my opinion has changed utterly. Now, the problems and established rights and status of pharmacists in one country overflow to all others and have become very much the concern of their colleagues elsewhere. Thus it has become a responsibility of all of us to speak out clearly whenever we feel we have something to add to the corpus of knowledge on any subject of mutual interest, or indeed whenever we fear that a uninational or unilateral approach to any such problem might damage the hopes and aspirations of pharmacists to serve the public interest, in any particular capacity, in any country.

It is in this spirit of co-operation, therefore, that I venture to comment on the report of a lecture given to a London meeting of the Franco-British Commission by M. Georges Francke on the future of biological testing by pharmacists in France (*C & D*, October 21), and on your own "Comment" on that same report (p 605).

Pessimistic

From the report it would appear that the lecture was rather pessimistic, and certainly this was confirmed by the chairman of the meeting (Mr C. G. Stevens, vice-president of the Society) who in his summing up of the audience reaction was moved to express it thus: "that's interesting, but it doesn't look as though we're going to have to worry about it too much in the future". Thus was a form of professional diversification of the following magnitude rather casually written off by that particular meeting: Total number of biological tests carried out in nine European countries in 1970, 1,343,133,000—and it is expected that this figure will have expanded to 2,503,570,000 tests by 1975. This growth although not yet equivalent to similar (biological) activity in the USA is a most significant expansion (about 15 per cent per annum) by any standard.

While being aware of the many problems facing pharmacy in this field, a number of which were mentioned—the likelihood of growing automation, the rights of other disciplines besides pharmacists, the provision of suitable premises for the more sophisticated testing routines, etc—I still think that those of us, in whichever country we are, who find ourselves faced as, we are in Ireland, with low professional activities and rewards, should be entitled to examine this great new field. We should have an opportunity also of discussing its possibilities in a balanced and objective way without fear of untimely action by any other country, and with all the facts and figures before us.

That is why I should like this whole question of biological testing by pharmacists to be discussed by the EEC pharmaceutical group at an early date, before any vital decisions involving possible changes in the appropriate directive could be considered. The greatest opportunity I see for pharmacists in community practice is where a number of graduate-pharmacists in rural areas could combine to give a vital service in this field that would *not* be in competition with those already being given by the hospital and public laboratories with their autoanalysers. It would be an equally efficient but less sophisticated local service and complement such major services.

After all, the pharmacy is open nearly seven days a week in many towns and small cities where the hospital service would cease at 5 pm on the Friday evening. I foresee distinct possibilities for our rural pharmacies here, doing purely professional work for a professional fee. No trading this.

Further evidence in this area, which I regard as reliable, indicates that laboratories—many of them private and run by pharmacists—have more than held their own as sites for diagnostic testing. In France and Belgium many of the directors of these laboratories are pharmacists, biologists or doctors. In the UK and here, unfortunately, the directors are often only figureheads, the main decisions and purchasing being done by technicians. And in Germany, hospital pharmacists are responsible for dispensing diagnostic radioisotopes. Why not elsewhere within the community one may ask?

You will understand therefore why, with great respect, I cannot agree with you at all, when you state that it is not logical to expect the laboratory to be the salvation of British general practice. My own personal attitude here is that pharmacists in the EEC have not lost this battle—it is just they have not get begun to fight.

M. F. Walsh
Dublin

Changed image

The concern expressed in the medical profession by the recent OHE report on medicines, which defends the use of psychotropic drugs, indicates that medical opinion is focusing on the problems associated with these products. However, it has been suggested[1] that a possible new alternative to these drugs and psychiatry is the use of sexual aids.

Before any pharmacist passes premature judgment on these products through instinctive taboos, I ask him to consider the symptoms which lead a physician to prescribe a psychotropic drug. Real and imagined sexual problems often account for the patient's symptoms and the phychotropic drug is the cheapest, quickest and easiest remedy because phychiatry is expensive and time-consuming. However, sexual aids are as easy to prescribe as tranquillisers and the increasing interest of the medical profession has been amazing.

If pharmacists would like to know more my company would be happy to send details. We are endeavouring to remove the "kinky" image from these products and present them as true weapons in the armoury of the medical profession.

R. J. Woodward,
Blakoe Ltd
229 Putney Bridge Road,
London SW15

[1] World Medicine, October 4, p. 17.

PATA council election

For the year 1973, six seats on the council of the Proprietary Articles Trade Association are open for election. Returning members are:

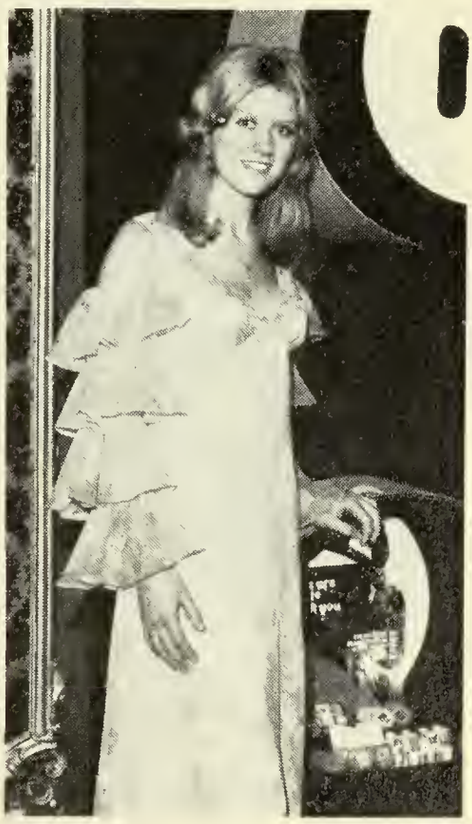
Manufacturers' section: E. C. De Witt & Co Ltd, Thos Christy & Co Ltd. **Wholesale section:** East Anglian Wholesale Supplies Ltd, Northern Pharmaceuticals Ltd. **Retail section:** G. W. Herdman, J. R. Marshall. All are eligible for re-election.

It is open to members of the manufacturers', wholesale and retail sections of the PATA to nominate candidates for the two vacancies in their respective sections. Nominations will be received by the secretary, PATA, Premier House, 150 Southampton Row, London, WC1B 5AL, up to and including November 13.

Mumbles assistant in Top Teen contest

Eighteen-year-old Miss Jan Sheasby, an assistant in the dispensary department of Wendall Nicholas, Newton Road, Mumbles, near Swansea, was one of the 16 finalists in last week's Miss Top Teen contest sponsored by Miners eye make-up.

Jan, who as Miss Swansea took part in the recent Miss UK contest, includes rowing and cooking as her hobbies and her ambition is to fly a Harrier jet. She has worked with Wendell Nicholas for the past two years.

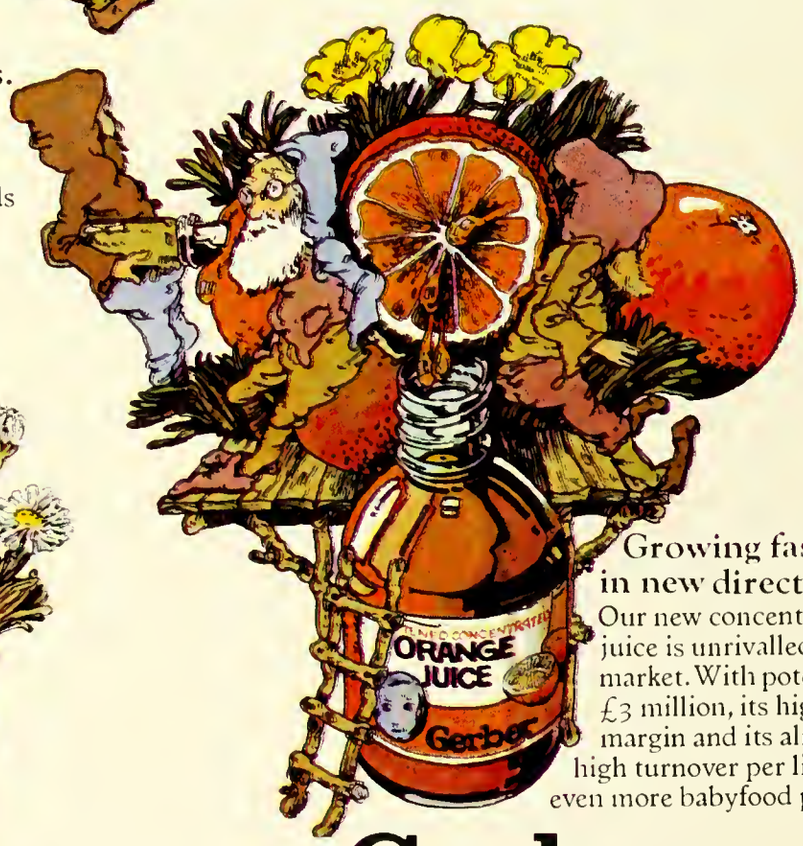


Gerber is growing.

Everything at Gerber is on the move. Our sales, and that means yours too, are up 30% over last year. And we're constantly striving for new ways to serve you better. And new ways to grow.

Growing big while shrinking.
We're the first babyfood to offer shrink wrapping, which will be widely available over the next few months. The outers are attractive enough for shelf display which is going to make life easier for you and sell more Gerber babyfood for us both.

Growing up to higher standards.
We're introducing our Tea Time Savouries, made to a new high nutritional standard. This means extra sales for you, because growth in babyfoods comes from new segments like this one.



Growing fast in new directions.
Our new concentrated orange juice is unrivalled in the retail market. With potential sales of £3 million, its high cash profit margin and its already proven high turnover per linear foot mean even more babyfood profit for you.

Gerber
Rich in nourishment. Safe in glass.

Comment

VAT rate urgency

Mr K. R. Rutter, speaking at a National Pharmaceutical Union area meeting at Bedford last weekend (see p. 682), predicted that value added tax will have a number of advantages for the retail pharmacist. That will be welcome news for those who have found themselves overwhelmed by the literature, advice, documents and high-pressure salesmen they have been subjected to during the past few months.

Mr Rutter has been associated with VAT since the early days, as the NPU's representative on the Retail Consortium, and it is probably a general experience that the closer one gets to the subject, the less formidable it appears—as with metrication and decimalisation. As the speaker made clear, any retailer without an efficient system of bookkeeping is heading for trouble—but he is on a slippery path anyway, and the VAT jolt may lead to timely action.

Given that VAT accounting will take a minimum of time (as calculated by Mr Rutter), there are the advantages of having no loss to bear at times of tax change, and less capital tied up than under purchase tax—plus the fact that "stock losses" are not also "tax losses".

So much for a bright future, but there is the hurdle of VAT-day to be overcome first. Mr Rutter described the promised tax pause as "virtually useless" as a means of reducing purchase tax liability—recompense was a battle that had been lost, he said.

But before, during and after the tax pause, retailers have to reconsider their price levels on every commodity, under circumstances of which they have no experience. Their tax liability will depend upon their *sales* returns and the tax and their profit will be directly linked.

VAT at 10 per cent will involve a change in the price of most goods—does the new price structure give the same margin? the retailer must ask himself. The calculations cannot be started, of course, until the manufacturer publishes his list—and that cannot be completed, so far as recommended retail prices are concerned, until the Chancellor announces his firm intention on the VAT rate within closely defined limits. Recent speculation that a rate of 7½ per cent might be offered to unions as part of a prices and incomes deal has done nothing to encourage early preparations for April 1.

We hope it will be remembered in Government circles that price lists cannot be produced overnight—*C&D* has already drafted in extra staff to ensure subscribers receive their first VAT list as early as possible. An early undertaking from the Chancellor is essential if retail trading is not to be disrupted.

A unique occasion

A quick search has not revealed a parallel that can detract from the uniqueness of the occasion at the Council meeting of the Pharmaceutical Society of Northern Ireland on October 19 when Mr T. I. O'Rourke was elected president of the Society, for the meeting was also the first attended by Mrs O'Rourke as a newly elected member of the Council.

There may have been pharmaceutical societies that have had a man and wife in office together but we doubt if the timing of the presidential appointment and the "first appearance" has coincided previously.

Pharmaceutical Societies make many demands on their presidents and council members, however all who know the O'Rourkes will congratulate them, recognising their enthusiasm for all aspects of pharmacy and not only the general practice sphere in which they are both directly concerned. There are no doubts that the demands of the offices will be effectively met.

Books

Chemical industry: social and economic aspects.
F. R. Bradbury, BSc, PhD, FRIC, and *B. G. Dutton, BSc, PhD, ARIC, The Butterworth Group,* 88 Kingsway, London WC2B 6AB. 9 x 5½ in. Pp 236. £2.90.

The early chapters of this book give a background to the industry as a whole; its structure and special features. The later ones deal with the industry's research and development, design, technical sales, etc.

The introduction says that the book should be useful for teachers and lecturers who "need to keep abreast of the current trend toward introducing a generalised element into science education and for students in the industry who wish to understand the relation of their work to that of other individuals".

On your head.
E. A. Jensen, B Com, MPS, FIPharmM., 39 Withdean Crescent, Brighton, BN1 6GW. 8 x 4¾ in. Pp 66. £1.00.

Well known pharmacist and business consultant, author of "Buying a Shop" and "More profit from your Stock", Mr Jensen has produced another book which is quite different from his previous ones. The book's sub-title—A philosophy for survival and success for the businessman and businesswoman—perhaps sums up its contents sufficiently.

Clinical guide to undesirable drug interactions and interferences.
S. Garb. *Harvey Miller & Medcalf Ltd,* 56 Doughty Street, London WC1N 2LS. 8¼ x 5½ in. Pp 512. £5.

Two tables and nearly 1000 references are the basis of this publication. In the first table, forming the main part of the book, the entries consist of two names which may be drugs, foods or diagnostic tests, one or more code letters designating the kind of undesirable interaction that may result when they are used together, and one or more numbers indicating the references from which the information was abstracted.

The second table lists pharmacological categories and those substances which fall within them.

In the introduction the author points out that he cannot vouch for the accuracy of interactions abstracted from the literature. He urges readers to use the bibliography and to consult the original articles themselves.

Publications received

Marine Chemistry, Volume 1. Second edition. D. F. Martin. *Marcel Dekker Inc,* 95 Madison Avenue, New York, NY 10016. 9 x 6 in. Pp340. $9.50

Winter always brings a heavier demand for Beecham cold and cough remedies than for any others . . . *and now winter is nearly here.* Be ready for the big sales — and profits — that lie ahead.

Stock up <u>now</u> with Beecham winter remedies

COUGHS & COLDS

Colds and influenza research: progress report from the MRC

by T. S. Hall MD, medical superintendent, MRC Common Cold Unit

Prevention or cure of the common cold still awaits a "breakthrough", but in the fight against influenza some battles have been won, if not the war. In this review the author looks at the successes and failures, and pin-points the hopes for the future. Those hopes, he points out, depend upon the availability of that reluctant laboratory animal—man.

It was the notable work which had been done on influenza at the National Institute for Medical Research (then at Hampstead, now at Mill Hill) that, in 1946, stimulated the workers there to plan a fresh attack on the common cold, and the Medical Research Council agreed to support the enterprise.

It was already known that viruses, and not bacteria, cause the common cold, though bacteria can cause complications as secondary invaders of the virus-damaged cell. No laboratory animal is susceptible to infection by common cold viruses—no animal at all save man and the chimpanzee.

In 1946, bacteria grew on culture plates in the laboratory, and influenza and other viruses in fertile developing hens' eggs, but common cold viruses obstinately refused to grow on anything, though, then as now, the human nose was easily infected!

It seemed to the research workers that the best way of learning more about the virus might be to use human volunteers as resident guinea pigs, and inoculate their noses with common cold viruses. There seemed no ethical objection to this approach, since colds are brief and self limiting, and do not have any complications in healthy people. It was necessary to find a place where this kind of experimental work could be done.

Common Cold Unit

Harvard Hospital, at Salisbury in Wiltshire, had been established by American research workers in 1941, to study communicable diseases under war conditions. It had been generously given to the British Government by the Americans when the war ended, and it proved to be just what was wanted to accommodate volunteers for controlled experiments on colds.

The system of studies (or "trials") carefully devised and nurtured, has thrived, and so have the volunteers. Some 14,000 have been inoculated, of whom perhaps a quarter to one-third have had clinical symptoms. Ninety-two per cent say they have enjoyed themselves, and a third of them come back for more, sometimes again and again.

The first objective was to use the volunteers' help to learn more about the viruses causing the common cold, and particularly to try to find a way of growing common cold viruses in the laboratory, as an aid to faster progress.

Growing respiratory viruses

Viruses multiply only within living cells, and the viruses that infect humans require living vertebrate cells, preferably human or monkey cells. Enders discovered in 1949 that poliomyelitis virus could be cultivated in human tissue in a test tube. This led to more widespread use of human tissue for growing previously uncultivated viruses, and a large number of tissue cultures derived from animal and human tissues are now used as basic experimental hosts for virus propagation.

So tissue cultures, in the later 1950's and early 1960's, helped to grow many viruses from the upper respiratory tract of man, among them Myxoviruses like influenza and parainfluenza, and also adenoviruses and respiratory syncytical viruses.

But the viruses causing the common colds in volunteers, so easily transmitted directly from volunteer to volunteer at the Common Cold Unit, went on defying for many years the attempts of the scientists to grow them in the laboratories there, and it was only about 1960 that they succeeded after many vicissitudes.

Eventually it was established that viruses causing common colds grow best at a temperature of 33°C, in a medium allowed to become a slightly acid (pH 6·8-7·0) and in a roller drum which allows a plentiful oxygen supply. These conditions resemble those naturally occurring in the human nose—which is a little cooler and a little more acid than the rest of the body, and has of course a first class air-supply.

Thereafter, work on identifying common cold viruses proceeded apace. When respiratory virus diseases were reviewed in 1964, about 50 viruses were known to be involved, but by 1971 that number had doubled.

Rhinoviruses are the most important cause of colds, though coronaviruses, a newly recognised group, are important too. Myxoviruses, adenoviruses and respiratory syncytial viruses are much rarer causes of colds.

Surveys have isolated rhinoviruses from up to 50 per cent of cases, and they are undoubtedly responsible for most colds. In 1970 89 different rhinoviruses serotypes had been recognised. Several different serotypes circulate simultaneously in a community. Some may undergo small antigenic changes, though to a very much smaller extent than the variation which is a feature of some influenza viruses and is alluded to below.

Tissue culture methods must be used to grow the cold virus

Prevention and cure

Unfortunately, the more that research workers add new viruses to the lists, the more the prospect of making effective vaccines against common colds recede. "Triple antigen" protects our babies against diphtheria, whooping cough, and tetanus; and polio vaccine contains three types of antigen, but to attempt a vaccine containing the hundred antigens which would be needed against colds isn't feasible.

There has been only limited success with the design of drugs to combat virus diseases. The great difficulty is to synthesise a substance that will kill viruses or prevent their development, but will leave the cells, within which the virus is growing, relatively unharmed. If the dose that harms the cell lies close to the dose that harms the virus a drug may not be safe to use. However, if a drug is shown in the laboratory to have antiviral activity against cold viruses or influenza viruses, and is proved to be completely safe, it can be tested in experiments at Harvard Hospital with the help of volunteers.

Isoquinoline derivatives given prophylactically have modified the infection in subjects inoculated with some strains of influenza A or B, though these drugs seem unlikely to be generally useful. Numerous clinical trials of amantadine carried out in Britain and in the USA, have shown that this drug, when given prophylactically, or even therapeutically, can often successfully modify the course of influenza A infection.

The same drugs have not been effective in studies with rhinoviruses, although a number of very interesting compounds which show anti-rhinovirus activity in tissue cultures are being investigated.

Interferon, produced by the body cells and with activity against most types of

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COUGHS & COLDS

Influenza virus can be grown in fertilised eggs

Research volunteers enjoy the Wiltshire countryside

MRC report

Continued from p689

virus, is difficult and expensive to prepare and work with, and so far there is little evidence that either interferon itself, or compounds which stimulate it ("interferon inducers") can be clinically useful.

In 1967, the workers at the Common Cold Unit reported a carefully controlled trial to assess the efficacy of vitamin C in preventing colds. The viruses used were drawn from all those known to be frequent causes of colds. The number, duration, and severity of colds were the same in those who received and those who did not receive the drug. It was concluded that there was no evidence for a general, antiviral or symptomatic prophylactic effect of ascorbic acid in these experiments.

In 1970 Professor Linus Pauling enthusiastically endorsed the use of big doses of vitamin C not only for colds but for general good health. But the *Medical Letter* of the Drug and Therapeutics Information Inc (New York) did not agree, and criticised his book with some frankness at the end of that year.

So more and more has been learnt about the common cold, but results up till now have been negative as regards its prevention or cure. Control of the common cold still eludes the virologist, and the public continue to ask when "the breakthrough" will come? Who can say? Diabetes, Addison's anaemia, tuberculosis and poliomyelitis are diseases which have been dramatically robbed of their mysteries and lethal powers during the writer's own medical lifetime. The research virologists "soldier on", knowing that steady work is eventually rewarded. Their painstaking efforts over 25 years have produced vast reserves of knowledge from which success may stem. Notably they have underlined the continuing need for the help of the human volunteers—and this has a current relevance when we return full circle to influenza where we began.

Influenza viruses

Compared with common cold viruses, those of human influenza always seemed easier to study. They could infect ferrets, and mice, and when they could be grown in the developing chick embryo within the egg, work on them within the laboratory was greatly facilitated.

The many kinds of influenza virus fall basically into three types A, B and C. The influenza A's are of interest in particular for the outbreaks of influenza they cause, and for the way these arise.

Antigens are agents which stimulate the host's resources to produce antibodies to combat an invader. The influenza virus has two components—haemagglutinin and neuraminidase—which are antigens. Both can undergo antigenic changes, and these changes determine the appearance of a new subtype of influenza virus.

If the changes are major, so that a completely new subtype is circulating, the population, who have not "met" this new virus subtype before, may not have appropriate defensive antibodies ready to repel it. The new virus, having a new antigenic "coat", may be insensitive to any "old" antibodies the public are still harbouring from previous infections. So the new virus can establish itself and cause a new epidemic, the extent of which may be proportionate to the degree of change; a really big change may presage a full scale pandemic like that of the "Asian" flu of 1957.

It is now believed that such major changes resulting in a complete replacement of the influenza virus subtype appear about every ten years.

The protection which even an attack of influenza confers on man is of much shorter duration than that excited by other virus diseases like smallpox, poliomyelitis, or measles. As time passes, the antibodies decay and immunity is weakened.

A degree of antigenic change in the virus less than that described above may occur when a virus attacks a person or a community having some antibodies left from a previous infection. Finding people partially susceptible and partially immune, the virus may subtly change its antigenic characteristics so as to form new variants which can establish themselves in the population.

If the changes are not too great and there is some overlapping protection with the preceding viruses, any resulting outbreak of influenza will remain limited. The fact that some people had some residual protection from antibodies to rather similar influenza viruses that they had met before, may have been a factor in limiting the spread of the "A2 Hong-Kong" outbreak of 1968.

Vaccines

Vaccination against influenza is clearly a much more feasible proposition than trying to protect people against the common cold. The relevant viruses are fewer, and can be readily grown in eggs. Killed by formalin, the virus loses its pathogenicity, or ability to produce symptoms, while retaining its antigenicity, or power to stimulate the production of antibodies. Many such vaccines are offered by the pharmaceutical industry: killed vaccines so prepared protect about two-thirds of vaccinated people exposed to infection in an epidemic, and such vaccines are admirable and valuable. However, as with natural infection, so with vaccines. The antibodies wane and revaccination may be needed to strengthen immunity.

In mid-September 1972, the writer of a leading article in the *British Medical Journal* concluded his survey on a hopeful note: "It is good to know", he wrote, "that the study of influenza vaccines is alive with new ideas and that improved vaccines can be expected". He had suggested that if mass vaccination against influenza were ever to be practised, it would be almost essential to use live vaccine.

Just the Salk vaccine given by injection against polio was superceded by the "live" Sabin vaccine given by the mouth, the preparation of live influenza vaccines to be given by dropping in the nose has occupied the attention of virologists at the Common Cold Unit of recent years. Prepared from attenuated viruses as before, they are easier to produce, and easier and less traumatic to give. The nose is the logical place to put them, and they probably produce immunity there locally (a conception associated with the name of Besredka just over half a century ago) as well as systematically. Volunteers are again the arbiters in assessing results. With their help live vaccines have been shown to confer substantial immunity when given on a big scale to volunteer workers in industry.

In recent years, much work has been carried out at the Common Cold Unit in studies of the ways in which subculture or "passages" in eggs or in human volunteers can alter the characteristics of influenza viruses. The aim is to lessen their pathogenicity while retaining their antigenicity: and make a live vaccine, in brief, which

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COUGHS & COLDS

MRC report

Continued from p690

will produce "protection without influenza". Once again the human volunteer is the ultimate court of appeal: Does the vaccine which seems best in the laboratory send the volunteers' antibodies and their protection rocketing up (as measured in their blood of a few weeks after they have been inoculated) and, does it do so without them having a significant reaction that bothers them? "Maximum antigenicity with minimal pathogenicity for man" are the criteria for the best vaccine, and such vaccines are prepared and standardised in the laboratory and Unit by the methods described.

'Wild' virus

Another problem is that of producing a vaccine against a new "wild" virus quickly enough to be useful against a threatened epidemic.

The World Influenza Centre at Mill Hill tracks the occurrence and movements of influenza throughout the world, but an epidemic might have come and gone and done its worst before a protective (live) vaccine was ready, for hitherto it has taken too long—up to a year—to produce, from a "wild" virus, a strain sufficiently attenuated to be used as a live vaccine.

Virologists at the Unit at Salisbury reported in December 1971, in collaboration with workers at the National Institute for Medical Research, that a new wild strain can be attenuated more quickly by "cross-breeding" in the laboratory, also called "recombination".

This may mean that a new epidemic strain, with new antigens on its surface, could be flown across the world and "married" in the laboratory to another to produce a strain not only suitably attenuated but which would grow freely and quickly in eggs.

Manufacturers might then have a vaccine ready for use before the epidemic reached their area. This is an exciting prospect, but more work is needed, and more volunteers to act as the ultimate referees. Recombination could also be useful to produce quick growing strains to be used in the manufacture of killed vaccines.

In May 1972 workers at the Common Cold Unit reported on clinical trials of a new compound which produces the growth of influenza virus in the laboratory. It is related to amantadine which was first described some years ago, but may prove to be more active and less prone to give side effects. At the Unit it was found that it reduced the number of infections with a strain of A2 Hong Kong influenza virus, and reduced the number of symptoms caused. These effects were seen when the medicine was given ahead of the virus; but if it could be shown that giving the compound after infection, for example when the first symptoms appeared, was still followed by a useful effect, then the possibility of using it in everyday medicine would become much greater. More volunteers are needed to start these experiments.

Conclusions

Human volunteers were needed initially for controlled trials, because no laboratory animal was susceptible to common cold viruses, nor would they grow *in vitro*. The only test for infective material was the volunteer. Although this was infuriatingly slow (the Unit opened in 1946 and methods of cultivating common cold viruses were only discovered in 1960), perhaps this was in retrospect and in some respects a good thing. It showed how very necessary the use of human volunteers in controlled trials was going to continue to be. Just as the human volunteer was the initial medium on which to grow the virus, so he now provides the final test.

For the value of any new remedy, whether vaccine or antiviral drug, whether for prophylactic or for therapeutic treatment, can only be gauged ultimately by its value to the human subject for whom it is designed. Does it protect? Without too traumatic a reaction? How long will it protect for? Can it be used for treatment once the infective process has started? How useful will it be in arresting it?

The present time seems as propitious as any in its prospects, and volunteers are needed more than ever to test these new theses and new remedies which *prima facie* look so hopeful.

Volunteers at the Common Cold Unit enjoy a happy and comfortable holiday, everything free and no expense, and even 35p a day pocket money. The winter climate is well above average and there is warmth and comfort indoors. The risks of "catching a cold" are no bigger than one in three on average and the infections are usually minor and brief.

Volunteer helpers, between 18 and 50 years of age, are required to spend 10 days at the Unit. They are isolated in "flats" in pairs or threes, and friends who come together are therefore especially welcome, though suitable partners may be found.

Young married couples, and older ones, alike enjoy the rest for 10 days from house keeping and cooking. Volunteers coming singly each have a separate bedroom.

The very comfortable accommodation for volunteers overlooks beautiful country for walking, food is good, and indoor and outdoor games are available. Library, newspapers of the volunteers' choice, additional beverages, radio and television, cards, chess and jigsaws are provided.

We need more volunteers specially for this winter. Anyone writing to the Common Cold Unit, Harvard Hospital, Coombe Road, Salisbury, Wilts, will be sent full particulars.

Intra-nasal vaccine

When the influenza virus attacks a human victim it enters the body through the nose and respiratory passages. The idea of administering a suitable vaccine by that same intra-nasal route has been thought about for some years. This week Duphar Laboratories Ltd announced the first such product, Influvac spray (page 676). It is a freeze-dried vaccine administered in a metered-dose aerosol. The vial is supplied with 25 disposable nasal applicators and contains sufficient vaccine for 25 patients. The inactivated virus is sprayed into the upper respiratory tract, resulting in a rise in secretory antibody levels and local immunity to invading viruses.

During the four years of trials Duphar claim to have developed a spray which gives even distribution and an accurate dose. They also say that their vaccine gives rise to virtually no side effects—and obviously avoids the need for an injection.

"More than 20,000 nostrils have been used in trials," the company says, but only a small number of patients have reported slight irritation, a running nose or coughing after administration. The same effects were seen in placebo groups.

From the protection rates found in individual trials a "weighted" average protection of 58 per cent has been calculated, which is comparable to that found after subcutaneous influenza vaccination. Company spokesmen predicted that in a few years an intra-nasal spray would be the preferred method of vaccination.

Duphar expect to have 200,000 to 300,000 doses available for this season. The new vaccine incorporates those strains of virus present in this year's influenza injection, but not the recently isolated strain which has a British designation (*C&D*, October 21, p588).

The adult dose of the aerosol is four puffs delivering in total 600 International Units. Because no injection is required the company envisages that mass vaccination could be carried out in a factory, for example, by a doctor touring the premises, rather than having to arrange a special clinic. In general practice there may be difficulties over the doctor issuing a bulk prescription for a 25-patient vial. Duphar await comment from the Department.

COUGHS & COLDS

Principles underlying drug treatment of cough

by B. A. Whittle BPharm, MSc, PhD, MPS

Cough is a protective reflex and is the essential means by which the lower respiratory tract is cleared of secretions and foreign material. It is a common symptom in diseases of the respiratory tract and until a specific diagnosis and treatment of the underlying disease progress is made, relief of coughing is frequently indicated.

The aim of symptomatic treatment is to decrease both the frequency and intensity of the cough while still allowing elimination of the secretions from the respiratory tract. When a cough becomes persistent and troublesome the patient himself may seek symptomatic relief and a wide range of over-the-counter antitussive preparations is available.

The commonest causes of acute distressing cough are upper respiratory viral and bacterial infections which are self-limiting and usually of brief duration. Cough arising from irritation of the pharyngeal mucosa can often be managed satisfactorily with demulcents and humidifying agents. In cases where the cough is nonproductive or the sputum is viscid an agent that increases the secretion of respiratory tract fluid may be helpful. Persistent cough is not so much a specific disease entity but rather symptomatic of an irritative process in the lower respiratory tract. In cases of really severe cough, treatment with specific drugs which suppress the cough reflex may be indicated.

Pharmacists are often asked to advise on the choice of an antitussive agent and their counsel will take into account:—

- The nature of the cough reflex.
- The type of cough—productive or nonproductive and its relation to respiratory diseases.
- The actions of the autitussive preparations which contain more than one active ingredient.

Nature of the cough reflex

The cells which line the respiratory tract produce a protective fluid which traps inhaled particulate matter, including microorganisms, and humidifies the inspired air. This fluid is propelled upwards from the bronchi and trachea, and downward from the nasal cavity into the pharynx where it is either swallowed or expectorated. When nerve endings within the tracheal or bronchial mucosa are stimulated, impulses are passed through afferent fibres in the glosopharyngeal and vagus nerves to activate the "cough coordinating centre" in the medulla.

The cough coordination centre is anatomically close to the respiratory centre and both are involved in the control of the movements which result in cough. The close relationship of the two centres is of importance when considering the depressant effect of some antitussives on the respiratory centre.

A cough which results from the expulsion of accumulated fluids is said to be productive. The productive type of cough is useful and accelerates the normal protective action of the cilia in that it facilitates the expulsion of accumulated mucus secretions and foreign matter. Cough, secondary to acute upper respiratory infection or irritation, generally subsides spontaneously within a few days. Excessive coughing, particularly if it is nonproductive, can tend to be self perpetuating because it causes further irritation of the respiratory mucosa. Here the aim of therapy is to "soften" or reduce the intensity of coughing spasms without eliminating cough completely.

Where there is chronic respiratory infection, the extra load imposed on the cilliary drainage system by the secretion in mucus of the products of phaocytic activity and the cough reflex is an essential way of clearing the lower air passages. Although it may be neccesary in such cases to reduce the severity of cough, marked reduction would further embarrass the patient, and the aim of treatment should be the reduction of viscosity of the bronchial secretions.

Antitussive preparations

Most of the prescription and o-t-c products available in the UK contain a combination of antitussive and other agents for the symptomatic management of cough. Cough preparations may contain, in addition to an antitussive, an expectorant to stimulate the flow of respiratory tract fluid and decrease its viscosity. Sympathomimetics which act as nasal decongestants and bronchodilators are also included for their beneficial effect; some preparations contain an atropine-like drug which can act as a nasal decongestant by reducing secretions in the upper respiratory tract. A number of preparations contain an antihistamine on the assumption that some of the symptoms are due to an allergic reaction. There appears to be little evidence to support this assumption.

Tables 1 and 2 show the cough remedies which are available on prescription and over the counter in the UK and which were most frequently used in 1971.

Continued on p696

1. Leading UK cough preparations on prescription 1971

Product	*Manufacturer*	*Ingredients*	*Properties*
Benylin Expectorant	Parke Davis	Diphenhydramine, Ammon chlor, Sodium citrate, Chloroform, Menthol	Antitussive/antihistamine/ anticholinergic/sedative Expectorant
Benylin with Codeine	Parke Davis	As for Benylin, plus codeine	Antitussive etc
Alupent Expectorant	Boehringer Ingelheim	Orciprenaline, Bromhexine	Bronchodilator/expectorant
Bisolvon	Boehringer Ingelheim	Bromhexine	Expectorant
Phensedyl	May & Baker	Promethazine, Codeine, Ephedrine	Antihistamine/sedative Antitussive Bronchodiltor/decongestant
Tixylix	May & Baker	Promethazine, Pholcodine, Phenylpropanolamine	Antihistamine/sedative Antitussive Bronchodilator/decongestant
Pholtex	Riker	Pholcodine Phenyltoloxamine	Antitussive Antihistamine
Davenol	Wyeth	Carbinoxamine, Ephedrine, Pholcodine	Antihistamine Bronchodilator/decongestant Antitussive
Dimotane	Robins	Brompheniramine, Guaiphensin Phenylephrine Phenylpropanolamine	Antihistamine Expectorant Decongestant Bronchodilator
Franol Expectorant	Winthrop	Ephedrine Theophylline Guaiphensin Phenobarbitone	Bronchodilator/decongestant Bronchodilator Expectorant Sedative

New Honey and Lemon Cough Linctus joins the great FAMEL cough and cold treatments.

The Brand Leader.
Famel Cough Syrup – more is sold through chemists than any other nationally advertised brand.

A new addition to the Famel range of cough treatments – Honey and Lemon Cough Linctus for the family.

Famel Children's Cough Linctus. The most popular children's cough treatment – safe, sure, effective. Ask your regular customers.

A chemist only inhaler, with tremendous growth potential.

Famel Cough Pastilles. The fastest growing cough pastille . . . each year more and more are sold by you: sales success speaks for itself.

Famel Inhalant Capsules. The easiest and most convenient treatment for congestion and catarrh.

Famel Children's Cough Pastilles. Gentle relief . . . impressive performance.

It pays to support the brand leaders. Famel Range display is profitable display.

COUGHS & COLDS

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Pharmacists are often asked to advise on the choice of an antitussive agent and their counsel will take into account:—

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COUGHS & COLDS

Treatment of cough

Continued from p694

Antitussives

Codeine and pholcodine are the two most commonly used antitussives. Both compounds are related to morphine, which is the active antitussive in preparations such as squill opiate linctus and chloroform and morphine mixture. Like morphine they suppress the cough reflex by depression of the cough centre in the medulla. Compounds of this type have a mild central nervous system depressant action which dulls perception of the cough stimulus. Undesirable effects of narcotic antitussives as a group include depression of respiration and adverse gastro-intestinal effects such as constipation. The more potent agents in this group are likely to cause physical dependence, although this does not constitute a real problem with pholcodine and codeine.

Noscapine is a naturally occurring opium alkaloid of the benzyl-isoquinoline group, as is papaverine. Unlike pholcodine and codeine noscapine is neither analgesic nor a respiratory depressant. The antitussive activity of noscapine is equivalent to that of codeine when compared on a weight basis. In addition, noscapine has a papaverine-like relaxant effect on smooth muscle at higher doses. Noscapine appears to have many of the features of the ideal antitussive agent, but the bitter taste of the soluble salts appears to limit its usefulness when formulated in syrups with a low pH.

Dextromethorphan is a synthetic morphine derivative which has virtually no analgesic or addiction liability. As an antitussive it is roughly equal on a weight basis to codeine and also acts centrally, probably by raising the cough reflex threshold. Unlike codeine dextromethorphanit rarely produces drowsiness or constipation when used in therapeutic doses.

Bronchodilators, nasal decongestants

Sympathomimetic agents are widely used as ingredients of cough preparations. Those like orciprenaline are principally active as beta-adrenergic receptor stimulants and are bronchodilator. Agents such as phenylephrine, phenylpropanolamine and ephedrine—which are alpha- or mixed alpha- and beta-receptor stimulants—are used primarily for their decongestant action. Theophylline is also incorporated for its bronchodilator action.

Anticholinergic agents have been used as nasal decongestants and some of the antihistaminic agents commonly used in cough preparations also have anticholinergic actions as a side effect (as in the case of diphenhydramine). Anticholinergic substances reduce secretions in the upper respiratory tract. Any beneficial effect of antihistamines in cough preparations is almost certainly due to their atropine-like drying action on the mucosa rather than on specific antagonism of histamine and it is difficult to justify their presence in a cough preparation.

Expectorants, demulcents

Traditional expectorants in cough preparations are the ammonium salts, sodium citrate, squill and ipecac. A number of aromatic substances such as creosote and chloroform have also been used. The rationale for including agents of this type in cough preparations is to encourage the secretion of the mucus glands of the respiratory tract. A similar effect can be produced by increasing the fluid intake.

Sweet syrupy substances such as simple syrup, honey, liquid glucose and glycerine have a soothing action and can themselves relieve coughing when this is due to irritation of the pharyngeal mucosa. Most of the cough preparations available for prescription and o-t-c use include agents of this type as vehicles.

Summary

- ☐ The selection of a suitable antitussive preparation is determined by the nature of the cough.
- ☐ A chronic productive cough indicates a serious condition in which case medical diagnosis should be encouraged with the aim of instituting curative therapy. An expectorant may also be indicated.
- ☐ Where the cough is non-productive or useless an antitussive preparation is indicated.
- ☐ Where the cough is productive but where the coughing is episodic and uncontrollable by the patient, then an antitussive and an expectorant can be used.
- ☐ Codeine and pholcodine are the two most widely used antitussive agents in cough preparations available on prescription and o-t-c. Noscapine, which has most of the advantages and is relatively free from the side effects of pholcodine and codeine, could be used more widely if it could be formulated in an attractive presentation.

2. Leading UK over-the-counter cough preparations 1971

Product	*Manufacturer*	*Properties*
Famel linctus	Optrex	Antitussive Smooth muscle relaxant Humectant
Hill's Balsam	Hill's	Respiratory stimulant Aromatic Expectorant
Vick (formula 44)	Richardson-Merrell	Antitussive Antibacterial Expectorant
Liqufruta (standard)	Sanitas	Expectorant Aromatic
Venos	Beecham	Expectorant Demulcent
Owbridge's	Owbridge: Chefaro	Antibacterial Anti-inflammatory Aromatic Demulcent
Meggezones pastilles	White Laboratories	Aromatic Expectorant
Allenbury's pastilles	Allen & Hanburys	Demulcent
Galloways	Eucryl	Expectorant
Pulmo Bailly	Bengué	Expectorant Antitussive

COUGHS & COLDS

Seasonal promotions are planned — now watch the weather!

The worst winter for 300 years, a new influenza virus strain against which we have little immunity—those are two predictions for this coughs and colds season. What are the proprietaries manufacturers doing to ensure their products are the ones the public choose to relieve their discomfort?

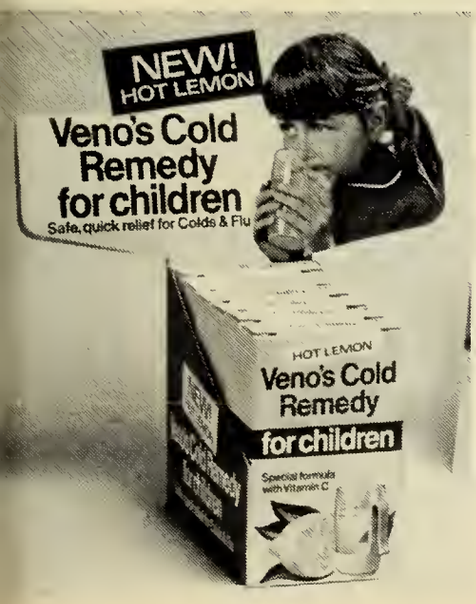
A 45-second campaign on television will support brand leader **Beecham's Powders** in all three forms—powders, tablets and hot lemon. This will be supported by Press advertising in all leading national daily and Sunday newspapers. Beecham also have available a special 30-second commercial for use in the event of a influenza outbreak.

Beecham say that recent reports would suggest that a influenza epidemic may well hit this country soon. One virus strain numbered A/Eng/42/72 (and referred to in the Press as "English" flu), may pose the biggest threat since only about one fifth of the population has antibodies to resist the strain. "This could well result in a massive additional demand for Beecham's Powders. We suggest that retailers don't leave their ordering until too late as some have done in the past. Adequate early ordering will ensure that the trade is able to cope with the first rush for supplies that an epidemic of this kind creates."

Veno's cough remedy, in standard and honey and lemon forms uses 30 second commercials throughout the winter months. Although jointly promoted, particular emphasis has been given in the commercials to the different types of coughs for which the brands are recommended—the standard for "tickly, bronchial coughs" and the latest honey and lemon flavour for soothing "chesty, dry coughs."

The need to ensure precise dosage of paediatric medicines especially for children has been constantly urged by medical authorities, and Beecham believe there is now a strong likelihood that legislation will soon be brought in to ensure safety of dosage. That, they say, is one reason why **Veno's Cold Remedy for Children,** introduced last year, has received wide approval, each sachet contains a precisely measured single dose for children between 6 and 12. This advantage, and the product's acceptability by children, again form the theme of the television campaign which will be even heavier this winter than last.

Lem-sip, and its companion Junior Lem-sip (containing the exact dose for children from ages three to twelve), will be supported on television by 30-second and 15-second commercials throughout the winter.



They will stress the Lem-sip ingredients and their action. Junior Lem-sip will be promoted on all 30-second Lem-sip commercials appearing after 9 pm—this conforms with the agreement that children's analgesics should not be advertised before that time.

Disprin, which is claimed to occupy an "unshakeable position" among the branded analgesics, will have strong advertising support on television with 30-second commercials right through to Easter, emphasising the antipyretic and anti-inflammatory qualities. These will be backed up when required by a special commercial on Disprin in influenza, the theme of which will be: "Go to bed—take Disprin—you can repeat the dose of Disprin several times a day. It is soluble aspirin—the sort doctors prefer". Junior Disprin will be supported on television in January and February in 15-second commercials. Point of sale display material will include Junior Disprin leaflets. The most important sizes for display in the pharmacy will be the new 18s and 28s, say Reckitt & Coleman.

Last winter's test launch of **Famel Honey and Lemon** cough linctus in Tyne-Tees resulted in an 18-20 per cent increase in sales of the brand as a whole—and Optrex Ltd are looking for similar success nationally in 1972-73. The new version's success has not been at the expense of either standard or children's Famel, and Honey and Lemon (priced at £0·23, and not as stated in *C&D*, October 21) is expected to appeal mainly to the younger mother who is adopting a less "conservative" buying attitude than previous generations. Local advertising is the basis of the campaign, using London *Evening News, Liverpool Echo, Manchester Evening News, Newcastle Evening Chronicle, Leeds Evening Post, Birmingham Mail, Leicester Mercury, Glasgow Evening Citizen, Glasgow Evening Times,* together with *Weekend.*

Famel Syrup is also to be exposed to younger age groups through magazine advertising plus the *News of the World,* and there will be a 7-second television campaign on London, Trident, Midlands and Granada. The Press campaign will continue last season's "Coughing? . . . stop it with . . . " theme.

Attractive display outer available with Benzedrex inhalers

The cough mixture that doesn't need advertising is advertising this winter.

Owbridges is already a household word.
And to make sure it stays that way we're advertising in the News of the World, The Sun, The People, Woman's Weekly and Woman's Realm right through the winter months.

Owbridges comes in two sizes, 100ml and 57ml. Retail prices are 30p and 20p respectively.

Contact your local wholesaler for the winter bonus.

Distributed by Chefaro Proprietaries Limited, Crown House, Morden, Surrey.

COUGHS & COLDS

Seasonal promotions

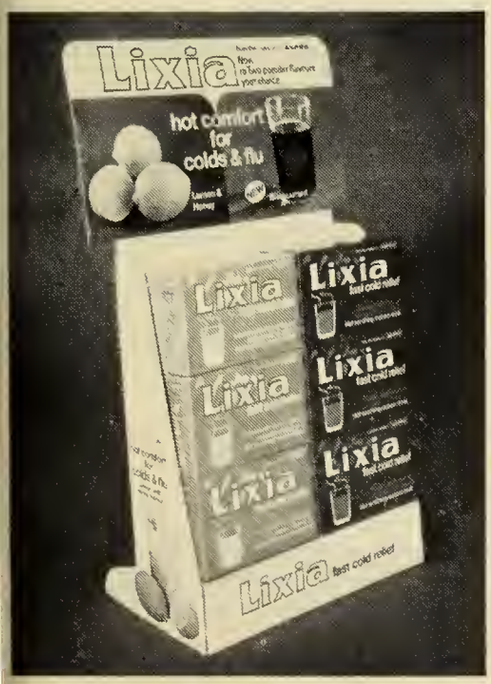
Continued from p699

Professional literature recently issued for **Lantigen B** is designed to demonstrate conclusively the product's effectiveness as both a preventative and treatment for catarrh and bronchitis. The results of clinical trials carried out between 1957 and 1970 are abstracted—trials which form the basis of "The clinical use of Lantigen B in the prevention of respiratory illness", compiled by Dr Hugh C. Price, consultant chest physician and director of research, Western Hospital, London. Lantigen B is, of course, now supplied in a new pack with metered-dose applicator.

Nicholas Products report that **Lixia** has been increasing in popularity since its launch two years ago, despite the past two winters being relatively mild. They have also been keeping an eye on the forecasts for this year which predict "the most severe weather for 300 years."

According to a company spokesman, if the weather does become this severe, the colds and influenza which are likely to accompany it could easily reach epidemic proportions. "Our records tend to show" he said, "that this would be concentrated within a short period, say two or three weeks. In our experience, when colds are at a high peak, people tend to buy heavily on impulse, choosing whatever it prominently displayed or the chemist recommends." Lixia is currently on a high trade bonus.

Aspro in all its forms—Microfined, Soluble and Junior—is currently being heavily promoted in a long-running national Press advertising campaign, currently being supported by bus-side posters in London and around the country. Shortly a tube train advertising campaign will be launched in London. Aspro is also available on bonus.



Thos Guest & Co will be advertising their **Sure Shield iodised throat lozenges** in *Reader's Digest* and national women's magazines during the winter months. They have also recently "redressed" **Lemeze cough linctus** in a yellow, black and white carton, and **Sure Shield extra strong bronchial mixture** in brown, black and white. From the company's wide range of cough and cold treatments, their **Cold Relief Tablets** are currently on bonus offer.

Askit Laboratories Ltd, introduced **Hot Lemon Askit** in February and they now intend giving the product greatly increased advertising support in Press and television over the coming four to five months. Competitively priced at £0·08 per sales unit containing three doses Hot Lemon Askit is in a point of sale dispenser pack containing 30 units.

Owbridges cough mixture, "already a household word", is being advertised in the *News of the World, The Sun, The People, Woman's Weekly* and *Woman's Realm* throughout the winter months. It is also on bonus through wholesalers.

A major new advertising thrust by **Vicks Sinex** began last week with a national television campaign which will run for a minimum of five months. It features the commercial used successfully during the Lancashire test market, conveying the simple, but direct message that "Vicks Sinex spray gives relief in seconds that lasts for hours". It takes the form of a breakfast-time exchange between husband and wife. Richardson-Merrell believe that Sinex will be the only proprietary nasal spray advertised on television during 1972-73.

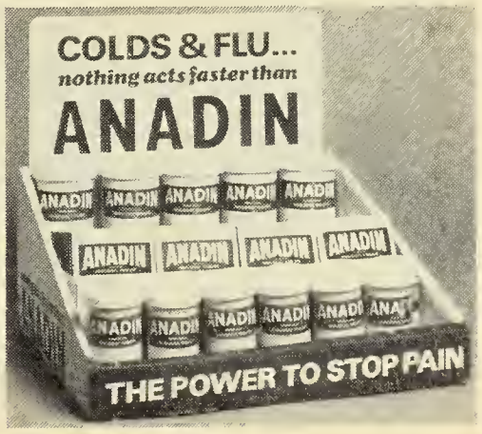
Promotion for **Benylin Expectorant,** said to be the leading cough treatment preparation in the UK in both the prescription and over-the-counter markets through chemists, centres around heavy detailing and sampling to doctors. Showcards will be available in January 1973 for point-of-sale, and the 125 ml pack is now on seasonal bonus, as is Benylin with codeine.

With sales of **Pulmo Bailly** running above last year's figures during both Spring and Summer, Bengué are encouraging pharmacists to buy-in with a bonus through wholesalers during November and December. The "sell-out" will be aided by Press advertising in the *Daily Mirror, The Sun, Sunday Express, News of the World,* London *Evening News* and *Evening Standard* and *TV Times,* plus regional advertising in the Lancashire area. This campaign is planned to run until the middle of November, and according to the progress of the "season" after that. In addition, Pulmo Bailly will be advertised at rugby league and football grounds.

A limited number of spectro-vision merchandisers (pictured below), made in Holland and featuring **Karvol inhalant capsules,** are available to chemists on free

hire. They are being distributed by Crookes Laboratories representatives. Attractive point of sale display units for **Crookes halibut oil capsules** are also available.

Brand leader among analgesics—its percentage of total sales now stands at 20·1%, it is claimed—**Anadin** also capitalises on the colds and 'flu message. The product is said to receive more advertising support than any competitor, and throughout the year the average television viewer sees an Anadin commerical at least 30 times. This is supported by consistent advertising in key national newspapers.



COUGHS & COLDS

Seasonal promotions

Continued from p701

Among the Fennings range of coughs and cold treatments, **Fennings Little Healers** are to be backed by intensive display advertising in the *Sunday People, Daily Mirror, Daily Mail* and *Daily Express*. They are also on bonus this month (see p678).

Last winter's success was the theme of the recent national sales conference held by Hall Brothers (Whitefield) Ltd, prior to the autumn sell-in for their **Mentho Lyptus** range. The success was due, according to Mr D. Henstock, group product manager to the new flavours and heaviest-ever advertising. Where all four flavours are stocked the "new" varieties (honey and lemon, liquorice and aniseed and blackcurrant) now outsell the "original" Mentho Lyptus by over 60 per cent. The policy for the coming season is to capitalise on this success with even bigger advertising using all-channel television support during the peak-selling months and featuring "a new, exciting commercial". There will also be heavy trade promotional activity with big bonuses.

Cabdrivers Linctus (adult and junior) is being advertised in the *Daily Mirror* and also the northern edition of the *Daily Express* during December, January and February, with the nasal decongestant tablets it is on bonus during November and December (see p678).

This season May & Baker Ltd have added a new expectorant linctus to their range of cough remedies—**Phenergan Compound.** It has been formulated "to ease away the nagging misery" suffered by children with coughs and colds, calming the fractious child, assisting productive cough by thinning tenacious mucous and achieving nasal decongestion without central stimulation. The 125ml pack has been introduced on bonus terms (see p678).

Counter display unit containing six dropper or spray bottles of Dricol decongestant, by Bristol Laboratories.

Six and-a-half tins of **Potter's Catarrh Pastilles** are sold every minute of every working day throughout the year making them the most popular catarrh pastille on the market. A recent addition to the range is Potter's children's cough pastilles which is a much milder version and has a pleasant lemon flavour. Also recently added to Potter's range of throat pastilles is **Chestors Balm of Gilead**, pictured above.

Easing of analgesic problem in Scotland

Askit powders and Beecham's powders have declined in importance as a cause of analgesic nephropathy in Western Scotland, records a paper in a recent *British Medical Journal*.

The change has occurred, writes Dr Robin Murray, since phenacetin was removed from the products in 1966. Glasgow is known as a place where analgesic abuse is a particular problem which prompted Dr Murray's study.

He states that between 1965 and 1971 83 patients with analgesic nephropathy attended the Western Infirmary, Glasgow. Patients were repeatedly advised to stop taking analgesics but in spite of this 31 continued with their abuse unabated.

Other analgesics were looked at in the study. Discussing relatative toxicities Dr Murray writes: "The evidence is that abuse of aspirin and caffeine mixtures does lead to further renal damage, but it is not so dangerous as abuse of preparations also containing phenacetin."

The drug may merely potentiate the nephrotoxicity of other analgesics. Further improvements in the situation would follow if phenacetin were removed from compound codeine tablets BP, he concludes.

FDA propose new poisons packets

Pesticides, fungicides and similar household "poisons" should be packaged in child-resistant safety containers according to the American Food and Drug Administration.

A new regulation proposed by the FDA under provisions of the Poison Prevention Packaging Act, would include those products which have been found to be highly toxic on the basis of human experience or to be toxic by tests in laboratory animals as determined by regulations of the Environmental Protection Agency.

FDA injury studies show 8,602 ingestions of insecticides, rodenticides, and herbicides by children under five during a three-year period, 1968-1970. These accidental ingestions resulted in 583 hospitalisations and 40 deaths.

The proposed standards would apply to those products sold in packages of less than one gallon in the case of liquids and five pounds or less for non-liquid forms. Larger size packages are primarily for commercial use.

Other toxic substances already ordered to be marketed in safety packaging are aspirin, liquid furniture polish, liniments containing methyl salicylates, and controlled "abuse" drugs, such as the barbiturates.

EEC directive proposes cosmetic 'harmonisation'

The European Commission has proposed that certain ingredients should not be permitted to be used in cosmetic products made or sold in the EEC. The proposal, made in a draft directive submitted to the Council of Ministers, aims at eliminating differences between member countries' national legislation by substituting a complete Community law. This covers not only the technical provisions regarding the composition and use of most cosmetic products and the substances used in their preparation, but also the inspection system.

The directive is based on the principle of "complete harmonisation", whereby the Community provisions would be a complete substitute for the existing, diverse national laws. By unifying the basic conception of acceptability throughout the Community cosmetic products which fail to conform to the directive's provisions would be forbidden by all the member states and those products which do conform would have to be accepted for sale by all member states.

The draft directive clearly indicates that cosmetic products must in no circumstances endanger human health.

The draft is a "negative list" basis whereby products excluded from use would be named. It also lists certain products which could only be used in limited quantities, as well as the colouring substances permitted in cosmetic products liable to be in contact with cosmeticians. A flexible revision system is proposed which would also allow for technical changes in the methods of sampling and analysis.

Such a control system, the Commission believes, would guarantee public health while leaving the cosmetics industry "the degree of freedom necessary for its own dynamism." The proposals also provide the consumer with a guarantee of clear labelling with enough information about the quantity and quality of the products.

Aerosol Exhibition

Montreux, Switzerland, will act as host to the 6th International Aerosol Exhibition, September 25-28, 1973. The exhibition is being held in conjunction with the 9th International Aerosol Congress at which are expected delegates from the aerosol industry in all parts of the world.

CABDRIVERS SPECIAL BONUS OFFER

Adult linctus

Cabdrivers Linctus~
13 bottles for
the price of 12

New Cabdrivers Nasal
Decongestant~12 packets
for the price of 10

Please obtain your bonus order from your usual wholesaler.

Both these offers expire Dec 31st

Manufactured by
HALAS LABORATORIES LTD.
Thorp Arch Trading Estate, Boston Spa, Yorkshire

Halas

THIS BONUS ON FENNINGS LITTLE HEALERS MEANS EXTRA PROFIT

BONUS OFFER for November 1972

15 invoiced as 12 on all orders of 6 dozen
14 invoiced as 12 on all orders of 3 dozen
13 invoiced as 12 on all orders of 1 dozen

Offer closes 30th November 1972

backed by intensive display advertising in

THE SUNDAY PEOPLE
DAILY MIRROR
DAILY MAIL
DAILY EXPRESS

FENNINGS PHARMACEUTICALS
86 HURST ROAD, HORSHAM, SUSSEX

INFLUENZA and 'COMMON COLD' TABLETS
(homoeopathic formula)

Pack of five bottles wholesale £1.30 inc. 25% P.T.
Retail 49p per bottle

from **A. NELSON AND COMPANY LIMITED,**
73 DUKE STREET, LONDON, W1M 6BY
Telephones 01-629 3118/3205

FRILLY NYLON PANTS Plastic lined
FULLY FASHIONED BABY PANTS
Small, Medium, Large, Ex. Large, White and Colours
TIE PANTS Also
Cotsheets, plastic bibs in plain and nursery print. Terry bibs—Cotsheets.
Samples and Quotations from:
A. & H. HEYMAN · HORNDALE AVENUE
AYCLIFFE INDUSTRIAL ESTATE, CO. DURHAM
Tel. Aycliffe 3307

INTERESTED IN SOMETHING EXCITINGLY NEW FOR YOU ?

Well, Interplan System 80 has been developed for your pharmacy to give scope and imagination to your modernisation scheme.
Why not inspect for yourself in our showrooms or write for details on this system with a difference?

OLNEY BROS. (SHOPFITTERS) LTD.
JADO HOUSE, NORTHBRIDGE RD., BERKHAMSTED, HERTS.
TELEPHONE: BERKHAMSTED 5417/9

Market News

FALLING £ HITS AT IMPORTS

London, November 1: During the past week the value of the £ sterling has fallen to such an extent that replacements of imported commodities will cost 5 per cent more. Most traders overseas were reluctant to quote except in some more stable currency and buyers at home were likewise shunning forward business in all but their most urgent requirements.

Generally crude drug supplies throughout the world are in short supply and this factor is also tending to push up prices. US botanicals are particularly difficult. Dandelion root advanced by £90 ton and gentian root by £10. If available, £600 a metric ton would be the price of quillaia (up to £75 ton), while whitesquill was dearer by £20. Lower were Curaçao aloes, belladonna herb and pepper.

In the essential oil market Chinese products were mostly dearer because of currency changes. They included the forward quotations from that country for cintronella, eucalyptus and peppermint. Lemongrass was slightly easier.

There were no price movements among pharmaceutical chemicals. A British manufacturer of citric acid has advised that contract prices for the acid will remain pegged until the end of 1973 by which time it will mean that there has been no increase for 18 months.

Pharmaceutical Chemicals

Acetomenaphthone: 100-kg lots £5·62½ kg.
Ammonium bicarbonate: £55 metric ton delivered; carbonate lump and powder £88·20.
Ascorbic acid: £2·45 kg; 5-kg £2·51; sodium ascorbate, plus £0·23; coated, plus £0·10 kg.
Bemegride: BPC £16 kg.
Benzamine lactate: 1-5-kg lots, £95 kg.
Benzocaine: 50-kg lots £1·48 kg.
Bromides: Crystals (£ per kg).

	12½ kg	50 kg	250 kg
Ammonium	0·52	0·43	0·40½
Potassium	0·47	0·38½	0·36
Sodium	0·46	0·38	0·35½

*Powder plus £0·02.

Borax: BP grades, per metric ton, in paper bags delivered—granular £75, crystals £100; powder £82; extra fine powder £86. Technical grades less £20 per ton.
Brucine sulphate: £20 kg.
Caffeine: (50-kg) Anhydrous and hydrate £1·78 kg.
Calcium pantothenate: £3·16 kg; 5-kg £3·13 kg.
Cantharadin: £75 per 100 g.
Carotene: Suspension 20 per cent £16·73 kg.
Chloral hydrate: 50-kg lots £0·75 kg.
Chlorophenesin: 50-kg lots £3·62½ kg.
Cocaine: Alkaloid £222 kg; hydrochloride £202·75. Subject to DDA Regulations.
Cortisone acetate: £0·25 per g.
Cyanocobalamin: Up to 200-g lots £2 per g.
Dextromethorphan: Hydrobromide £98·53 kg.
Dienoestrol: 50-kilo lots £0·07 per g.
Digoxin: Up to 25-g lots £2·60 per g.
Ephedrine: (10 kg, per kg) alkaloid £13·35; hydrochloride £10·75; sulphate £11·10.
Fentichlor: 50-kg lots £1·73 kg.
Folic acid: 5-kg lots £18·65 kg.
Gallic acid: 1,000-kg lots £1·62 kg.
Glucose: (Per metric ton in 10-ton lots), monohydrate powder £84; anhydrous £165; liquid 43° Baumé £70 (5-drum lots).
Glycerin: BP per metric ton—5-ton lots £234; 1-ton £237; 250-kg £243, in 250-kg drums.
Hydrocortisone: Acetate or alcohol £0·25 g.
Hydroxocobalamin: £5·25 per g.
Hyoscine hydrobromide: £314·14 kg.
Hyoscyamine sulphate: (100-g lots) £59 kg.
Ichthammol: 1,000-kg lots £0·52 kg.
Iodides: (Per kg) Potassium £2·16 (50-kg lots) £2·14 (250-kg); sodium £2·75 (50-kg).
Iodine: Chilean crude £2·08½ per kg; resublimed £2·87 in 50-kilo lots.
Iron phosphate: £470 metric ton in 50-kg lots.
Mercurochrome: £7·95 per kg.
Mersalyl: Acid £15·75 per kg; sodium £21·50.
Methyl salicylate: Per metric ton in 5-ton lots £467·50; 1-ton £472·50; 500-kg £477·50.
Neomycin sulphate: BP 5-g £27·50 g.
Nicotinamide: (Per kg) 1-kg £2·45; 5-kg £2·42.
Nicotinic acid: (Per kg) 1 kg £2·20; 50-kg £2·17.
DPanthenol: £9 kg; 5-kg £8·50 kg.
Parachloro-meta-xylenol: 50-kg lots BPC £0·94 kg.
Paraffins: (minimum 1-ton lots) liquid-BP £0·552 gal; light BPC 1963 £0·466; technical white oil WA23 £0·422; WA21 £0·477; Jelly-soft white BP £95 ton; yellow BP £85.
Penicillin: Potassium, sodium or procaine, sterile £9 per 1,000 Mu for 5-25,000 Mu lots.
Phenolphthalein: 250-kg lots £1 kg.
Physostigmine: 100-g lots salicylate £0·69 per g; sulphate £0·88 g.
Piperazine: (Under 50 kg) adipate £0·963 kg; citrate £0·92½; hexahydrate £0·663; phosphate £0·02½.
Potassium bitartrate: (metric ton) 50-kg lots £399; 250-kg £391; 1-ton £381.
Potassium citrate: £353 per metric ton.
Potassium permanganate: BP £0·22½ kg technical £0·21½.
Pyridoxine: £4·93 kg; 5-kg £4·90.
Riboflavine: £14·17 kg; 5-kg lots £14·14 kg.
Stilboestrol: BP in 25-kilo lots £33 kg.
Streptomycin: £11 kg base; dihydrostreptomycin £11·50 kg base.
Strychnine: (kg) alkaloid £12·25; sulphate and hydrochloride £10·50.
Theophylline (50-kg) BP anhydrous, hydrate and ethylenediamine (aminophylline) £2·56 kg.
Thiamine hydrochloride: £6·20 kg; 5-kg £6·17 kg; 25-kg £6·10.
Vitamin A: Oily 1 m iu per g £5·30 kg; 5-kg £5·20 kg; dried acetate 325,000 iu per g £3·48 kg; 500,00 iu £4·55.
Vitamin D_2: Powder for tableting 850,000 iu per g, £17·88 kg; 5-kg £17·78 kg.
Vitamin E: (per kg) £6·40; 5-kg lots £6·37.
Zinc carbonate: BPC 25-kg sacks £0·25 kg.
Zinc chloride: Granular 96-98% £135 metric ton.
Zinc sulphate: Heptahydrate £52 metric ton.

Crude drugs

Agar: (lb) Kobe not quoted; European £0·73.
Aloes: (metric ton) Cape primes £325 spot; £300, cif. Curacao £740 spot; £680, cif.
Belladonna: Leaves £300 metric ton spot, herb £240 and root £245.
Camphor: BP natural powder £1·05 kg spot; £1·00 cif. Synthetic BP £0·57 kg in 500-kg lots.
Dandelion: Root £500 metric ton spot; £480, cif.
Gentian: Root £470 metric ton spot; £460, cif.
Lemon peel: Spot £320 metric ton; £300, cif.
Menthol: (kg) Chinese spot £6·95, shipment £6·20, cif. Brazilian spot and cif, £3·85.
Pepper: (ton) Sarawak black spot £410; £390, cif; white £610; £570, cif.
Quillaia: £600 metric ton nominal.
Squill: White spot £300 metric ton, £270, cif.
Waxes: (ton) **Bees'** Dar-es-Salaam, spot nominal; shipment £635, cif. **Candellia** nominal, £570 spot, £530 cif. **Carnauba** prime yellow, spot £730; £660, cif. fatty grey £425 and £355, cif.

Essential and expressed oils

Bois de rose: Spot £3·90 kg; cif not quoted.
Cinnamon: Ceylon leaf £1·27 kg, spot and cif.
Citronella: Ceylon spot £1·18 kg; £1·07, cif. Chinese £1·30 spot; £1·25, cif.
Geranium: (kg) Bourbon £16·70; Congo £14.
Lemongrass: £2·20 kg spot; £2·08, cif.
Olive: Spanish £415-£424 metric ton, cif; Tunisian £400-£410, cif. Spot duty paid £470-£480.
Peppermint: (per kg) Arvensis Chinese, spot £4·25; Nov-Dec £2·70, cif. Brazilian £1·68 spot; £1.68, cif, American piperata from £1·60.
Petitgrain: Spot £3·85 kg; shipment not quoted.
Sage: Spanish £2·09 kg.

Coming events

Monday, November 6

Finchley Branch, Pharmaceutical Society. Recreation room, Barnet General Hospital, Wellhouse Lane, Barnet, at 8 pm. Professor A. H. Beckett (Department of pharmacy, Chelsea College) on "Dope in sport and society".

Harrow Branch, Pharmaceutical Society, Clinical lecture theatre, Northwick Park Hospital, Watford Road, Harrow, at 8 pm. Dr E. B. Raftery (Consultant cardiologist, Northwick Park Hospital), on "Treatment of cardiac disease".

Plymouth Branch, Pharmaceutical Society, Board room, Greenbank Hospital, at 8 pm. Professor E. J. Shellard (Chelsea College), on "Pharmacy in eastern Europe".

Romford Branch, Pharmaceutical Society, The County Hotel, Chelmsford, at 7.30 pm. Mr K. K. Slow on "VAT and its application to pharmacy".

Society of Cosmetic Chemists, Assembly rooms, Bath. Symposium: "Cosmetic science and the consumer". Until November 8.

Stockport Branch, Pharmaceutical Society, Macclesfield Postgraduate Medical Centre, at 8 pm. Detective Inspector Sim-Mutch on "Local aspects of drug abuse".

Tuesday, November 7

Chester Branch, Pharmaceutical Society, Grosvenor Hotel, Chester, at 8 pm. Joint meeting with the Chester and North Wales Medical Society.

Colchester Branch, Pharmaceutical Society, Medical centre, Colchester. Slides and tape lecture on "Anti-depressant drugs".

Epsom Branch, Pharmaceutical Society, Bourne Hall, Ewell, at 8 pm. Mr R. M. Howitt on "Mexico—land of three civilisations".

Hertfordshire Branch, Pharmaceutical Society, Caledonian Hotel, Watford, at 7.30 pm. Annual dinner and dance.

Wednesday, November 8

Croydon Branch, Pharmaceutical Society, Greyhound Hotel, Croydon. Annual dinner and dance.

Durham County Branch, Pharmaceutical Society, Ramside Hall Hotel, Belmont, Durham, at 7.30 pm Guest of honour, Mr J. Reed.

Lancaster Branch, Pharmaceutical Society, Elms Hotel, Bare, Morecambe. Annual dinner and dance.

Leeds Branch, Pharmaceutical Society, Golden Jubilee Banquet, University of Leeds, at 7.30 pm Chief guest, Mr D. F. Lewis.

North Metropolitan Branches, Pharmaceutical Society and **National Pharmaceutical Union,** Salisbury Hotel, Barnet, Herts, at 7.30 pm. Mr E. F. Showey and Mr G. E. F. Horsham (HM Customs & Excise) on "VAT".

Thursday, November 9

Glasgow Branch, Pharmaceutical Society and Glasgow and West Scotland Branch, Scottish Pharmaceutical Federation, Strathclyde University McCance Building, at 7.15 pm. Joint meeting. Mr T. P. Astill (deputy secretary NPU) on "VAT"

Sunderland, Durham, South Shields Branches, National Pharmaceutical Union, Lecture theatre 0132, Main Polytechnical Building, Chester Road Sunderland, at 7.15 pm. Local Customs and Excise speaker, on "VAT".

The Royal Society, 6 Carlton House Terrace, London SW1, at 4.30 pm. Leeuwenhoek lecture: Mr H. L. Kornberg, on "Carbohydrate transport by micro-organisms".

Friday, November 10

Perth Branch, Scottish Pharmaceutical Federation Royal Clydesdale Hotel, Union Street, Dundee, at 7.15 pm. Mr T. P. Astill (deputy secretary NPU) on "VAT".

Swansea and West Glamorgan Branch, Pharmaceutical Society, Top Rank Suite, Swansea at 8 pm. Annual ball.

Saturday, November 11

Northumbrian Branch, Pharmaceutical Society, Flarepath Restaurant, Newcastle Airport. Social evening to honour the president of the Society, Mr J. P. Kerr.

PRICE FREEZE: White Paper details

Following the decision to impose a standstill in prices and charges for services, pay, dividends, and rents by forbidding any increase above the level prevailing before November 6, or in the case of dividends, by forbidding the declaration of a dividend in excess of a corresponding dividend declared in the previous calendar year, the Government issued details of the Counter Inflation (Temporary Provisions) Bill (Cmnd 5200, H.M. Stationery Office, price £0·13).

Clause 1 of the Bill provides that the standstill is to end at the expiration of 90 days from the passing of the Bill, unless an order is made extending the period by another period not exceeding 60 days. Clause 2 enables the Minister, by order, to apply the standstill to prices, pay, dividends, and rents. The wording of Clause 2(1) is as follows:—

> Prices or charges to which this section applies, and which are for transactions effected by a person at a time when this section applies to the prices or charges, shall not exceed the prices or charges for transactions of the same description effected by the same person in the course of business before November 6, 1972.

Clause 3 modifies contracts made before November 6 which provided for increases in remuneration during the standstill, ensuring that the remuneration payable is not to exceed the rate applicable before November 6.

Clause 4 grants the Minister power to obtain information and Clause 5 sets out the penalties which range from a fine on summary conviction, not exceeding £400.

The Act applies to Scotland and Northern Ireland.

In a White Paper "A Programme for Controlling Inflation: The First Stage" (HM Stationery Office, price £0·08) the Government explained that the standstill applies to prices and charges for goods and services supplied to the home market whether provided by the private or public sector. It adds "increases which have been announced but not implemented before the standstill should not take place".

It goes on to say that it is recognised the imposition of a standstill will present problems for some enterprises which have already observed the 15-month period of price restraint.

Enterprises which considered that their costs (either import costs or domestic costs) have risen so far that it is impracticable for them to be absorbed, will need to submit details of proposed price increases to the relevant Government department and obtain its consent, or run the risk of having price increases reversed by notice or order under the interim legislation. Such proposals will be strictly scrutinised, the White Paper states, and agreement will not normally be given except where increased costs cannot be absorbed by increased productivity or a temporary reduction in profit margin. It adds such exceptions will generally be confined to cases where raw materials or raw agricultural produce account for a high proportion of total costs.

An important section for the distributive industry reads:—

> Wholesalers and retailers are expected to do everything possible to avoid any increases in prices; in particular they should not increase their cash margins during the standstill. They will not be required to apply to Departments before changing prices for goods for which they have had to pay more. But they are not on that account exempted from the principles of the standstill and will be subject to the same control as other enterprises if they raise prices unjustifiably. (Comment p733.)

☐ Department of Trade and Industry telephone numbers dealing with prices are (London) 01-834 2299; Glasgow 248 2855; Cardiff 62131; Manchester 236 2171; Newcastle 27575; Leeds 38232; Nottingham 46121; Birmingham 643 8221.

☐ Since the price supplement went to press it is understood that a number of manufacturers are considering whether or not to implement the changes because of the time factor. Chesebrough-Ponds Ltd and H. Bronnley and Co Ltd have rescinded their latest lists but Shulton Ltd are implementing theirs.

Postgraduate plans for general practice

Postgraduate qualifications for the general practice pharmacist—"comparable to those open to his medical colleagues"—are under discussion at the Queen's University of Belfast, it was disclosed at last month's prize giving ceremony of the department of pharmacy.

Professor P. F. D'Arcy, head of the department, said it was hoped to formulate proposals to submit to the Pharmaceutical Society of Northern Ireland during the coming year. "In the meanwhile our extensive programme of postgraduate studies planned for this year will do much to prepare those pharmacists who wish to study further, to keep abreast of current developments in pharmaceutical science."

It was hoped to inaugurate the MSc in hospital pharmacy in a year's time. "We believe that this one-year, full-time academic course, firmly based on the requirements of hospital pharmacy, will provide the means by which hospital pharmacists can prepare themselves for future promotion within the hospital service."

Professor D'Arcy reported that the department had had a good session, with a 100 per cent pass rate in the final year. Fourteen students had graduated, two with first class honours. One student gained second class honours in division 1, and seven in division 2; four were awarded a pass degree. Mr Woodside and Mr Swanton gained their PhD, as did two research students, Mr Rolston and Mr Kelly.

The retiring president of the Pharmaceutical Society of Northern Ireland, Mr W. T. Hunter, appealed to all the students to take an interest in the affairs of the Society "for your own benefit, but more so for the benefit of the profession as a whole. There has been much apathy among our members in the past and even now so many members leave the work and running of the Society to the few, but they are not averse to criticising what should have been done."

Mr N. C. Cooper, chief pharmacist to the Ministry of Health and Social Services, addressed the students on their future professional responsibilities and the place of the pharmacist in the modern health team.

Purchase tax to be re-imbursed

Registered VAT retailers will, after all, be granted a rebate of the purchase tax paid on goods held in stock on March 31, 1973, the date of the changeover, the Chancellor of the Exchequer announced in the Commons on Tuesday.

This reversal of the Government's previous attitude on the matter has been introduced, according to Customs and Excise, to "ensure the possibility of double taxation cannot be used as a pretext for unjustified price increases".

Goods held on sale or return will be outside the scheme as tax will not have been paid. To claim the rebate it will be necessary to keep documentary evidence to show the tax has been paid.

'Pharmacist sold pep pills'

A pharmacist who privately sold thousands of "pep pills" was only caught after a firm of wholesale chemists alerted the police, a court heard recently.

Mr Alexander Shrager, Kenyon Lane, Moston, Manchester, pleaded guilty at Cambridge City magistrates' court to five charges of possessing Ritalin tablets and one charge of attempting to possess further tablets.

Mr Rosen said the tablets were sold on the black market by pushers for 30 times their cost price—£1·87 for 500 tablets. Mr Shrager said he sold the tablets at £2 for 500 tablets.

Mr Shrager was fined £300, and the magistrates praised the initiative taken by the wholesalers.

IV additives symposium

A symposium on "The problem of additives to intravenous fluids" is being held at the Queen's University of Belfast, medical biology centre, Lisburn Road, on November 15. It has been organised by the University's pharmacy department in collaboration with the Northern Ireland Hospitals Authority study group on intravenous fluids, and will cover pharmaceutical, medical and nursing problems.

Pharmacists integrity being doubted

The Chemist Contractors Committee has been told that the Department of Health and Social Services is not prepared to accept the endorsement of a pharmacist where a form EC10, not marked "urgent" by the prescriber, is presented for dispensing at a time when the pharmacy was not open for dispensing.

The Contractors Committee is informing the Department that the reply reflected on the professional integrity of the pharmacist and unless a satisfactory solution to this problem is reached, the Committee might no longer be able to support the voluntary schemes in existence for the dispensing of prescriptions urgently required.

Linstead committee to consider reconstitution

Sir Hugh Linstead has been asked by the Chemist Contractors Committee to arrange for his working party to consider the implications of the Pharmaceutical Committee's joint resolution that the working party be reconstituted, with the addition of a chemist contractor from each of the pharmaceutical regions, to seek fresh evidence and to reconsider the working party's report and make recommendations.

The Contractors Committee at its meeting on October 25 also decided to set up a small subcommittee to consider the constitution of the Central NHS Committee and to make recommendations as to the action to be taken to order to implement the wishes of the recent conference of pharmaceutical representatives.

The Contractors Committee's claim for a proprietor's notional salary of £4,000 per annum effective from January 1 1973 and the claim for a profit margin equivalent to a 20 per cent rate of return on capital have been formally acknowledged by the Department.

The information on the net ingredient cost discount inquiry was being collated and the results should be available for consideration at the January meeting.

Oxygen therapy service

In reply to the Committee's claim for a larger increase in payment than that which the Department had offered in respect of the oxygen therapy service the Department had indicated that it was not possible to make any improvement on the terms of their previous offer. This offer had been made in response to the Committee's claim in April for a substantial increase in the payments for the service. It was decided that the Department be informed that in an attempt to avoid a breakdown in the oxygen service to the public, the Committee would, as an interim step in its pursuit of realistic remuneration for this service, be prepared to accept the Department's offer. Details of the increased remuneration is to be published when confirmation from the Department was received.

The Committee spent a considerable amount of time discussing the proposed reorganisation of the National Health Service, with special reference to the pharmaceutical advisory machinery. It was decided to consult with the Pharmaceutical Society with a view to further representations being made jointly on a number of matters to ensure that pharmacy had adequate representation at every level in the structure of the revised Health Service.

Discussing Almay future plans

Pictured during their recent meetings at Nicholas, UK, Slough, when future plans for Almay were discussed, are, from left to right: Mr John Baker, (market manager, Almay); Mr George Underwood, (vice-president and general manager, Schieffelin & Co); Deirdre J. Allen, (product manager, Almay); Mr R. R. Walker, (vice-president, European division, Nicholas International); Mr W. J. Schieffelin, III, (chairman of Schieffelin & Co); Mr A. C. Askwith (European administration co-ordinator, Nicholas International); Mr F. G. Razzell, (general, executive committee, Schieffelin & Co); Mr Hugh Knowlton, Jr., (chairman, executive committee, Schieffelin & Co).

Three stand for NPU Executive

Three pharmacists are standing for election to the National Pharmaceutical Union Executive Committee in the Eastern division 3 area—Essex, Norfolk and Suffolk. They are Mr D. L. Coleman, Stalham; Mr C. V. Hammond, Bishop's Stortford, and Mr M. E. Q. James, Canvey Island.

The election was necessary following the recent death of Mr R. H. Drain. The successful candidate will hold office until March 31, 1974. Voting papers are returnable by noon on November 20, and the results will be declared on November 25.

Thalidomide children — MPs sign motion

More than 100 MPs of all parties have now signed the Parliamentary motion expressing deep concern about the plight of the thalidomide children and calling upon Distillers (Biochemicals) Ltd to face up to their "moral responsibilities".

An attempt by Mr Ashley to secure an emergency debate on the issue was rejected by the Speaker (Mr Selwyn Lloyd) who stressed that his ruling did not reflect on the merits of the issues involved.

During the debate on the Queen's speech in the House of Lords Baroness Summerskill called for "some measure of nationalisation" of the pharmaceutical industry.

Lord Aberdare, Minister of State for Health and Social Security, commented "I think we must recognise that the companies concerned have made a considerable contribution to medicine. The amount of research that they have put in has produced some very effective drugs; and if one looks particularly at the whole scene of the mentally ill, it has been very largely due to new drugs treatment that we are now able to keep people for far less long in large mental hospitals."

Statutory Committee to meet

The Statutory Committee of the pharmaceutical Society is to meet at 17 Bloomsbury Square, London, WC1A 2NN, on November 22 and 23 to consider evidence received from which it appears that several body corporates have been convicted under the Pharmacy and Poisons Act and the superintendent chemist may have been guilty of misconduct.

They will also consider cases where two pharmacists have been convicted of offences under the Dangerous Drugs Regulations and one under the Theft Act.

Appointments

Wella (Great Britain) Ltd have made the following appointments: Miss Caroyln Meunier, consumer relations manager; Mr M. Vass, retail sales manager; Mr Ian Postgate, assistant to the general sales manager; and, Mr P. H. Iveson, personnel manager.

Lilia-White (Sales) Ltd have appointed Mr Jack Laming as executive director. He joined the company as a product group controller and over the past three years has been concerned with a number of major product innovations in the sanitary protection field.

Sanitas Group Sales Ltd have appointed Mr D. M. Wells as Yorkshire and Derbyshire representative for Woodward's baby products, Liqufruta, Halex toothbrushes and the Oppenheimer range of generics.

Mr Kenneth Wood, chief pharmacist at the Moorgate General Hospital, Rotherham, Yorks, since 1949, has been appointed chief pharmacist for the Rotherham and Mexborough Hospital Management Group.

Polaroid (UK) Ltd, announce that John Tweddle who joined the company in 1971 following a career in optical dispensing has been appointed European product development engineer for their sunglasses.

Bowater Scott Corporation Ltd have appointed Mr Jim Branton marketing manager of their consumer products division.

Scholl (UK) Ltd: Mrs Renske Mann has joined the company as publicity manager and Mr Graham White has been appointed product group manager (from product group controller).

Home Office: Mr R. Kendall has succeeded Mr F. Stewart as secretary of the Poisons Board.

Racasan Ltd have appointed Mr Geoffrey R. D. Lewis brand manager for certain products.

Deaths

Adam: On October 21, Mr George Adam, MPS, 86 East Kilbride Road, Busby, Lanarks. Mr Adam qualified in 1936. Mr Adam was director of McCowan & Adam Ltd, Glasgow.

Hamilton: On October 28, Mr Douglas Hamilton, MPS, formerly of 71 Douglas Street, Motherwell, Lanarks. Mr Hamilton qualified in 1921.

Love: On October 27, Mr Morrison Love, MBE, Edinburgh. Mr Love qualified as a pharmacist in 1923. He was formerly Chief Pharmacist, Department of Health for Scotland.

O'Connor: On October 16, Mr Peter Anthony (Tony) O'Connor, 305 Roselawn Estate, Castleknock Road, co Dublin, aged 35. Mr O'Connor qualified as a pharmacist in Eire in 1962, having served his apprenticeship in Mangans' of Tralee. He was a medical representative with T. P. Whelehan, Son & Co Ltd, for seven years before taking up a position as senior medical representative with the Ethipharm Co Ltd, three years ago.

Robinson: Recently Colonel Victor Owen Robinson, formerly chairman of Robinson and Sons Ltd, Chesterfield, aged 81.

Todd: On October 28, Mr John Gilchrist Johnston Todd, MPS, 50 Underwood Road, Burnside, Rutherglen, Lanarks. Mr Todd qualified in 1921.

Topical reflections

BY XRAYSER

Health service

I was recalling the other day, to the astonished disbelief of one of our young graduates in pharmacy, conditions between the wars and, indeed, up to the year 1948. He had been expressing discontent with the National Health Service, and I felt called upon to tell him something of the struggles of doctors, pharmacists, and of the sick before the implementation of the Act of 1948. For most of that period only the breadwinner himself had any form of cover against illness and then, if memory serves, only if he earned less than five pounds per week and was not self-employed. His wife and children were looked after privately, paying the doctor a fee for each consultation and paying the pharmacist for any medicine prescribed.

The physician, hard-worked and very much involved in the financial circumstances of his patient, frequently varied his fees in accordance with his knowledge and, conscious of the fact that there was a bill to be met at the pharmacy, prescribed accordingly. In the poorer districts—and there were many such in a period of depression—his standard remedies, or palliatives, consisted largely of simple mixtures, and in industrial areas he undertook the double duties of physician and pharmacist, charging an overall fee which covered both consultation and medicine. Those were the days before chemotherapy and antibiotics, and treatment was non-specific. And even if the total sum involved would today be regarded as trivial, there was undoubted hardship which made the calling in of the doctor a major decision.

None of that is the least exaggerated, I told my young graduate, and physician and pharmacist devoted themselves to alleviating the situation with sympathetic understanding and a measure of charity. But then the hospital service itself was financed by donation, sometimes by legacy, sometimes by a fixed weekly voluntary deduction from workers' wages, and sometimes by flag-day.

Damocles

We do well, I think, to remember those conditions and to reflect on those days and these. The doctor is no longer called upon to make an assessment of his patient's ability to pay his fee, nor is he compelled by circumstances to prescribe according to his patient's purse. What he considers, from the wide range of specific treatments, to be necessary is at once available, and medical care is open to all. The complete removal of the prescription levy would eliminate an element of hardship and restore the fullest ideals of a National Health Service.

A television programme of the hazards and unbelievable hardship of the sick in the USA, shown one evening last week, must have brought home forcibly how much has been accomplished here by the introduction of enlightened legislation in 1948. Most people in America, it was stated, cannot afford to be ill.

I am not suggesting that our own health service is free from fault, but it was boldly launched at the earliest moment and is subject to constant review and self-criticism. It has been given a sound foundation, and the worst thing to do would be to take it for granted. That is why we should look back now and again, comparing our lot with those who lived through the 1930's—and those under the sword of Damocles across the Atlantic.

Company News

Weston profits well ahead in first half

For the first half of the year to August 31 the pre-tax profit of Weston Pharmaceuticals Ltd rose to £647,645 from an adjusted figure of £528,886 following the take-over of Barclay & Sons. Interim dividend is 8 per cent (same) in accordance with restrictions.

The directors state that no account of any profit from Bertram Griffiths or the benefit of the merger through integration of the business has been taken—they should be more fully reflected in the second half.

Antigen International's export drive

George Fasenfeld, deputy managing director of Antigen International Ltd, Roscrea and Leon Godfrey, marketing director, have left on an extended sales mission to five African countries—Sierra Leone, Nigeria, South Africa, Malawi and Zambia.

At the present time some 20 per cent of the companies £½ million pharmaceutical exports are sent to Africa. Exports of pharmaceuticals and chemicals from the Republic reached £21·1m in 1971.

ABM profits up

Group sales of Associated British Maltsters Ltd amounted to £23·71m in the year ended July 31 against £24·2m in the previous year. Trading profit was £2·39m (£2·08m).

Consequent upon an announcement that an offer will be made by Dalgety Ltd for, inter alia, the whole of the issued Ordinary share capital of ABM, the directors have declared a second interim dividend of £3·75.

1840 pharmacy closes

Grand Parade Pharmacy Ltd, believed to be the oldest business of its kind in St Leonards, Sussex—it was established in 1840—is closing down.

The present proprietor, Mr Sydney Jacobs, said that the rent under the new lease, plus rates, would not make the pharmacy a viable proposition.

Mr Jacobs has many relics of work in a pharmacy in Victorian times. They include three jars of glazed pottery, two which held toothpaste and a third, cold cream. These he is presenting to the Borough Museum. A prescription book begun in 1866 reflects the structure of society in those days when many titled and wealthy people lived in St Leonards. Servants were never given the dignity of a name; they were always entered in the book as "Lady Blank's kitchen maid," "Captain Blank's man servant," etc.

Essex chemists to be wound up

An order for the compulsory winding-up of Ratchford's Chemists Ltd, 79 Butts Green Road, Hornchurch, Essex, was made in the High Court, London, on Monday. Counsel for the petitioners, Sangers Ltd, proprietors of the Allied Drug & Chemical Co, said they were judgment creditors for £1,317. Supporting the petition were two creditors for a total of £473. Ratchford's were not represented.

Changes at Glovers

Mr K. M. Parker, a director of Associated British Maltsters Ltd and managing director of ABM Industrial Products Ltd, has joined the board of Glovers (Chemicals) Ltd. In view of these additional commitments Mr Parker has retired from the board of Stevenson and Howell Ltd. Mr J. K. Howarth, chairman of Glovers (Chemicals) Ltd has been appointed to the board of ABM Industrial Products Ltd.

Organon in US

Organon Inc, one of six companies of Akzona Inc, has purchased Penick Canada Ltd, an affiliate of S. B. Penick & Co, New York. Penick Canada and the Canadian marketing and distribution organisation of Organon located in Montreal, will together form Organon Canada Ltd. The new organisation will be in the present Penick facilities in West Hill.

Woolco store for Home Counties

Britain's sixth Woolco department store—and the first in the Home Counties—opened at Hatfield, Herts, at the end of last month.

Built for the Woolco department stores division of F. W. Woolworth & Co Ltd the store covers about 109,000 sq ft and has more than 40 departments, a 200-seat restaurant, and parking for 1,100 cars.

Further Woolco stores are to be opened at Washington, co Durham in early summer 1973 and at Cumbernauld in late autumn 1973.

Procter & Gamble sales up last year

Procter & Gamble Ltd report sales up from £68·71m to £70·31m. Profits rose by £1·39m to £7·44m for the year ended September 30.

Sales were a record both in shipment and turnover, so too were exports at £8·1m.

Briefly

International Chemical & Nuclear Corporation have signed a definitive agreement to acquire United Medical Laboratories Inc, of Portland, Oregon. United Medical, a privately-held company, provides clinical and diagnostic testing services.

Mr L. M. Paget, MPS has acquired the business of H. S. Foster & Sons Ltd, 14 Forest Hill Road, London SE22. He will continue to trade as Foster & Sons, Chemists.

Evans, Gray & Hood Ltd. are moving to 238 City Road, London EC1V 2QL on November 11. (Tel: 01-253 5324).

The mayor and mayoress of Barking, Councillor and Mrs M. J. L. Jones, take close interest in labelling and packing methods for Phensedyl during a recent tour of May & Baker Ltd's Dagenham factory. The production line was in full swing to ensure adequate stocks of cough remedies for the coming season

New products and packs

Cosmetics and toiletries

Israel foam bath

A soapless foam bath with pine needle extracts, imported from Israel is being introduced under the title Bath Oren (£0·75). The pack is a plastic container in green, with a distinctive white cap that is used as a measure (Lee Brothers, 2 Watling Avenue, Burnt Oak, Edgware, Middx).

Sweet-smelling sachets

From Floris come two new sachets. One is oblong shaped in pale pink and white lace filled with pot pourri (£0·65) while the other one is a circular design filled with lavender, boxed in clear plastic, and tied with lavender coloured satin ribbon (£0·65) (J. Floris Ltd, 84 Jermyn Street, London SW1).

Electrical

Hanovia's new Sun lamp

Hanovia have introduced the Islander (£17·95), ultra-violet/infra-red health and sun lamp. The lamp may be used as a combined ultra-violet and infra-red lamp for tanning and therapeutic purposes, or infra-red may be used alone for the treatment of rheumatic pain, sciatica and lumbago.

It has a built-in timer with an alarm bell and is sold with goggles in a full-colour display package, designed with a 'carry-home' handle.

Voltage is 240 and wattage 400 for infra-red and 300 for ultra-violet and infra-red. Supplies are going out to wholesalers and should be available in quantity by the launch date, November 20 (Hanovia Lamps Ltd, Bath Road, Slough, Bucks SL1 6BL).

Sundries

Get set for snow

For the 1972-3 ski-ing season Polaroid are launching a new snow goggle (£2·50). Much smaller than earlier models, it has separate lenses for ease of vision, and comfort. A foam rim ensures a snug fit and air vents prevent condensation. A comfortable elastic strap holds the goggle.

The company say that the special Polaroid lenses generally helps the skier pick out different qualities of snow on the ground. Freshly fallen snow reflects very little polarised light; ice or hardpacked snow polarises much more light, and icy surfaces therefore appear darker through Polaroid lenses. Polaroid also point out that the snow goggle because of its multi-laminate plastic shatterproof lenses is equally suitable for wearing by skaters, skibobbers, toboggan enthusiasts, and even motor cyclists (Polaroid UK Ltd, Rosanne House, Welwyn Garden City, Herts).

Correction

In last week's issue of *C&D* the price for Salon Formula, the new massage oil for home use from Dorothy Gray, was given as £0·82. The correct price is £1·50 (Dorothy Gray Ltd, 2 Marshall Road, Hampden Park, Eastbourne, Sussex).

Prescription specialities

VAXIHALER—FLU spray

Manufacturer Riker Laboratories, Morley Street, Loughborough, Leics
Description Inactivated influenza virus vaccine in a metered dose aerosol delivering in four puffs a dose of 600 International Units
Indication Prophylaxis against influenza
Contraindications Hypersensitivity to chicken protein and chicken feathers
Dosage Adults and children over 10 years: 4 puffs. Children under 10 years: 1 puff into each nostril. It is recommended that this dose for children is repeated after 4 weeks
Storage Between 2° and 10°C
Pack Canister of 25 doses plus 25 nasal applicators (£17·50 trade)
Issued November 1972

OVRAN tablets

Manufacturer John Wyeth & Brother Ltd, Taplow, Maidenhead, Berks
Description White tablets each containing *d*-norgestrel 0·25mg (contained in *dl*-norgestrel 0·5mg) and ethinyloestradiol 0·05mg
Indications Oral contraception, endometriosis, spasmodic dysmenorrhoea, premenstrual tension, primary and secondary amenorrhoea, digomenorrhoea, postponement of menstruation and uterine bleeding
Contraindications Hepatic disease or abnormal liver function, carcinoma of the reproductive organs or breasts, and thromboembolic disease or phlebitis
Dosage Contraception: For the first course tablets are started on the fifth day of the cycle counting from the first day of menstruation. One tablet is taken daily for 21 days followed by seven clear days. On the eighth day tablets are started again. (For dosage in other indications see data sheet)
Precaution
Side effects Headache, nervousness, nausea, menstrual tension and oedema. Overall incidence is low and tends to decrease as treatment cycles continue
Notes If a tablet is forgotten, two should be taken on the following day. If two or more tablets are missed an additional method of contraception should be used
Pack Of 21 tablets (£0·30 trade)
Supply restrictions PI, S4B
Issued November 13, 1972

MULTI-VITAMIN INFUSION (MVI)

Manufacturer SAS Scientific Chemicals Ltd, Victoria House, Vernon Place, London WC1B 4DR
Description Ampoules containing: ascorbic acid 500mg, vitamin A 10,000 USP units, vitamin D 1,000 USP units, thiamine hydrochloride 15mg, riboflavin 10mg, pyridoxine hydrochloride 15mg, niacinamide 100mg, dexpanthenol 25mg and vitamin E 5IU, in 10ccs
Indications Surgery, extensive burns, fractures and other trauma, severe infectious diseases and comatose states
Dosage One ampoule per infusion
Notes The combination of oil and water soluble vitamins in an aqueous solution is formulated for incorporation into intravenous infusions
Pack Box of 25 ampoules (£25 trade)
Issued November 1972

For soft contact lenses

Following the development of soft contact lenses made from synthetic gels Contactasol have introduced Hydrosoak, a sterilising and soaking solution in a 120ml container (£0·45), another product is Hydrosol, a contact lense lubricating solution (£0·36) which is used in conjunction with Hydrosoak as a means to easier insertion of the lens. Nova (£0.75) is a case specially designed for soaking and storing hydrophilic contact lenses. Hydropack (£1·50) is a composite pack containing one of each (Contactasol Ltd, 2 Portsmouth Road, Kingston-on-Thames. Surrey).

CB 500 Tablets

Manufacturer Ayerst Laboratories Ltd, Forge Court, Yateley, Camberley, Surrey
Description Orange, oblong, film coated tablets each containing thiamine mononitrate 25mg, riboflavine 12·5mg, nicotinamide 100 mg, pyridoxine hydrochloride 10mg, calcium pantothenate 20mg, cyanocobalamin 5mcg and ascorbic acid as sodium ascorbate 500mg
Indications In conditions where high potency B complex and C vitamins are required
Dosage One tablet daily
Packs Securitainer of 100 tablets (£1·62 trade)
Issued November 13, 1972

FRONTAGESIC tablets

Manufacturer Winthrop Laboraties, Winthrop House, Surbiton, Surrey, KT6 4PH.
Description Three-layered (white-yellow-white) tablets each containing pentazocine hydrochloride 15mg and paracetamol 500mg.
Indications Relief of moderate pain associated with musculoskeletal disorders or injury.
Contraindications Should not generally be given to patients with established respiratory depression, raised intra-cranial pressure, head injuries or pathological brain conditions, where clouding of the sensorium is undesirable.
Dosage *Adults:* Two tablets 3 or 4 times a day. *Children* (between the ages of 7 and 12): One tablet 3 or 4 times a day. Not generally recommended for children under 7 years.
Precautions Should be given with caution to patients with impaired renal, hepatic or respiratory function. Alcohol may reinforce its sedative effect.
Side effects Dizziness, nausea, vomiting and headache, which tend to decrease after the first few doses. Sedation has also been noted.
Pack Bottle of 100 (£1·36 trade).
Supply restrictions P1, S4B.
Issued November 15, 1972.

BECOTIDE inhaler

Manufacturer Allen & Hanburys Ltd, Bethnal Green, London, E2 6LA
Description Metered aerosol delivering 50mcg beclomethasone dipropionate per inhalation. The drug is finely divided as a suspension in liquefied propellent
Indications Bronchial asthma
Dosage *Adults:* Two inhalations (100mcg) three or four times a day. In severe cases it is advisable to start at 600-800mcg per day and adjust according to response. *Children:* 50-100mcg should be given two to four times daily. Maximum daily intake should not exceed 20 inhalations, or 10 inhalations in children under 12 years
Precautions Special care in active or quiescent pulmonary tuberculosis
Side effects Hoarseness in some patients. Localised infection with *Candida albicans* has occurred in the mouth and throat of a few patients
Notes The patient should breathe out fully and then "fire" early in inspiration to ensure the particles reach the site of action
Pack Canister providing 200 inhalations (£2·60 trade)
Supply restrictions TSA
Issued November 1972

Trade News

Slips omitted

Containers of Endoxana and Honvan tablets have hitherto included a packing slip giving doctors and pharmacists information on their use in the treatment of malignant disease. The manufacturers state that in a number of cases these packing slips have not been removed by pharmacists when dispensing original packs and, as a result, the patients have discovered they are being treated for some form of cancer, which has caused severe distress to the patients and embarrassment to their doctors.

WB Pharmaceuticals Ltd, Fulton House, Empire Way, Wembley, Middlesex HA9 0LX, announce that packing slips will no longer be included in any containers of those products. However, they point out, there will be some stock in the trade and hospitals containing packing slips and these should be removed before dispensing.

Return for credit

Winthrop are dissatisfied with the closure of the 227g pack of their sodium-free condiment Selora. Chemists are therefore requested to return any stock they may be holding of these packs to their wholesaler or to: Recovery Section, Winthrop Laboratories, Edgefield Avenue, Fawdon, Newcastle-upon-Tyne NE3 3TT. A credit note covering the cost of goods and postage will be passed on receipt of the returned goods. Winthrop Pharmaceuticals emphasise that this request does not apply to the smaller 57g pack of Selora. Information concerning re-ordering of the 227g-pack will be announced later.

Tesco's Babycare range

Tesco have entered the babycare market with a range of budget-priced products under their own Delamare name. The baby shampoo comes in a 170cc unbreakable bottle (£0·12). The baby powder contains 397g (£0·18). Zinc and castor oil cream is packed in a 100g jar (£0·11½). Disposable fabric nappy liners are available in two packs—50 (£0·15) and 100 (£0·25). Also in the range are baby pants—in packs of two pairs (£0·08) made in soft, washable plastic.

Sales doubled

A see-through packaging system suitable for both stand-up shelf display and unit dispensers, is now available in this country through a licensing agreement made by Tillotsons (Liverpool) Ltd, Commercial Road, Liverpool, with International Inpak Inc, New Jersey, USA.

Called Stretch-Pak, it is claimed that costs compare favourably with blister-pack systems with the added advantage of a stand-up pack "with all-round visibility."

Jeyes UK Ltd, Thetford, Norfolk, have adopted it for their Airwick solid dispenser and claim that sales have doubled.

The system comprises a printed card usually coated on the back with sealant. Cut in the card is a window equivalent to the product and over this is glued pvc film.

Prior to product loading the pvc window is heated and vacuum-drawn into the required form by the use of suitably shaped moulds. The product is then placed, on to the formed film and the card is folded and sealed by radio frequency to enclose the product completely. Finally the film is shrunk to the contours of the product.

New look from Floris

Creme de Lys, the hand and body lotion from Floris of Jermyn Street, London SW1, is now packed in lightweight plastic bottles with gilt screw tops available in either sky blue or baby pink colours.

Syntex reminder

Syntex Pharmaceutical Ltd have announced that entries for the Syntex Skin Care 'match the quotes' competition for beauty counter assistants must reach them at Maidenhead, Berkshire, by November 20. The first 100 correct entry forms will each win their owner a velvet lined jewel case.

Premarin name change

As from November 1, Ayerst Laboratories Ltd, Forge Court, Yateley, Camberley, Surrey, have changed the name of Premarin Intravenous to Premarin Parenteral.

While stocks last packs bearing the old name will continue to be marketed. Orders will be accepted in either name.

Philips announcement

Philips Electrical HP 4109 hand held hair driers are now rated at 300 watts.

Bonus offers

Crookes Anestan Ltd, 1 Thane Road West, Nottingham. Hermesetas 300 and 650. 14 invoiced as 12.

Lee Brothers, 2 Watling Avenue, Burnt Oak, Edgware, Middlesex. Bath Oren. 15 invoiced as 12.

Promotions

Motor racing theme

Yardley of London will be screening a new television commercial from mid-November, showing a Grand Prix victory by the Yardley sponsored McLaren Formula 1 Team, and featuring the Yardley Black Label range of products for men.

The new commercial will be transmitted in all ITV areas; the first showing is scheduled for November 27 (Midlands, Border and Ulster 28; Harlech 30). The burst will last three weeks and is designed, say Yardley, to ensure nearly 90 per cent of women viewers can see the commercial an average of four times (Yardley, 33 Old Bond Street, London W1X 4AP).

Campaign extended

A further three week burst in the 1972 £200,000 advertising campaign for new Andrex features the second in the "run away roll" series. Commencing November 6, the 30-second commercial will be seen on all stations throughout the country and shows the adventure of a family puppy. Bowater Scott have decided to extend their Andrex campaign into 1973, said a spokesman, following the brand's successful relaunch (Bowater Scott Corporation Ltd, Bowater House, Knightsbridge, London SW1X 7LR).

Consumer offers

☐ 25 per cent more Supersoft hairspray with every standard size aerosol, on all four variants (Reckitt & Colman Toiletries Division, Sunnydale, Derby).

A still from the new Yardley commercial showing a couple watching the Grand Prix on TV

on TV next week

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann; CI = Channel Islands.

Alpine Spring (bath additive): So
Askit powders: Sc, G
Close up: All except E
Falcon: Ln, M, A
Lux soap: All except E
Menthalin: All except E
Old Spice: All areas
Oriental Spice: So
Philips Philishave: All except E, CI
Polyglow hair colourant: Ln
Signal: All except WW, E
SR: All except E
Sunsilk hairspray: All except E
Sunsilk shampoo: All except E
Tegrin medicated shampoo: So
Venos cough mixture: All except E
Viking Brews: M, Y, Sc, WW, So, NE, We
Vosene: All areas

Volumatic Security Products

All Volumatic security products are manufactured under stringent quality control and are backed by a one year written guarantee.
The Volumatic Company has 12 years specialised knowledge of retail security and a network of highly trained security consultants covering the country.
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Volumatic wide-angle convex mirrors, the most effective low cost method of pilferage control, used extensively throughout the UK and supplied to many security conscious retailers overseas. ☐
A security notice is supplied free with every mirror, as an extra positive deterrent to shoplifting.
Remember that Volumatic mirror prices contain no hidden extras. All prices are inclusive of packing, insurance and carriage charges.
Volumatic 2-way observation mirrors are a new powerful aid to cutting pilferage losses. Two types are available – Stripview with a venetian silver strip finish, and Clearview which is indistinguishable from an ordinary mirror. Both are ideal for additional store surveillance. ☐

Volumatic Security Consultants cover the country. Ask for one to call Write or telephone

The latest Volumatic security product is a **Cash Carrying Case** which, when snatched, sounds an ear piercing audible alarm and sends off clouds of dense orange smoke. The cash is stained and made useless to the thief, and the carrier is protected with a year's free insurance. It's a foolproof way to carry cash. ☐
Solve your security problem now – don't wait – send for literature today. Simply tick the boxes, cut out this advertisement, attach it to your letter heading and return it to us. We will do the rest.
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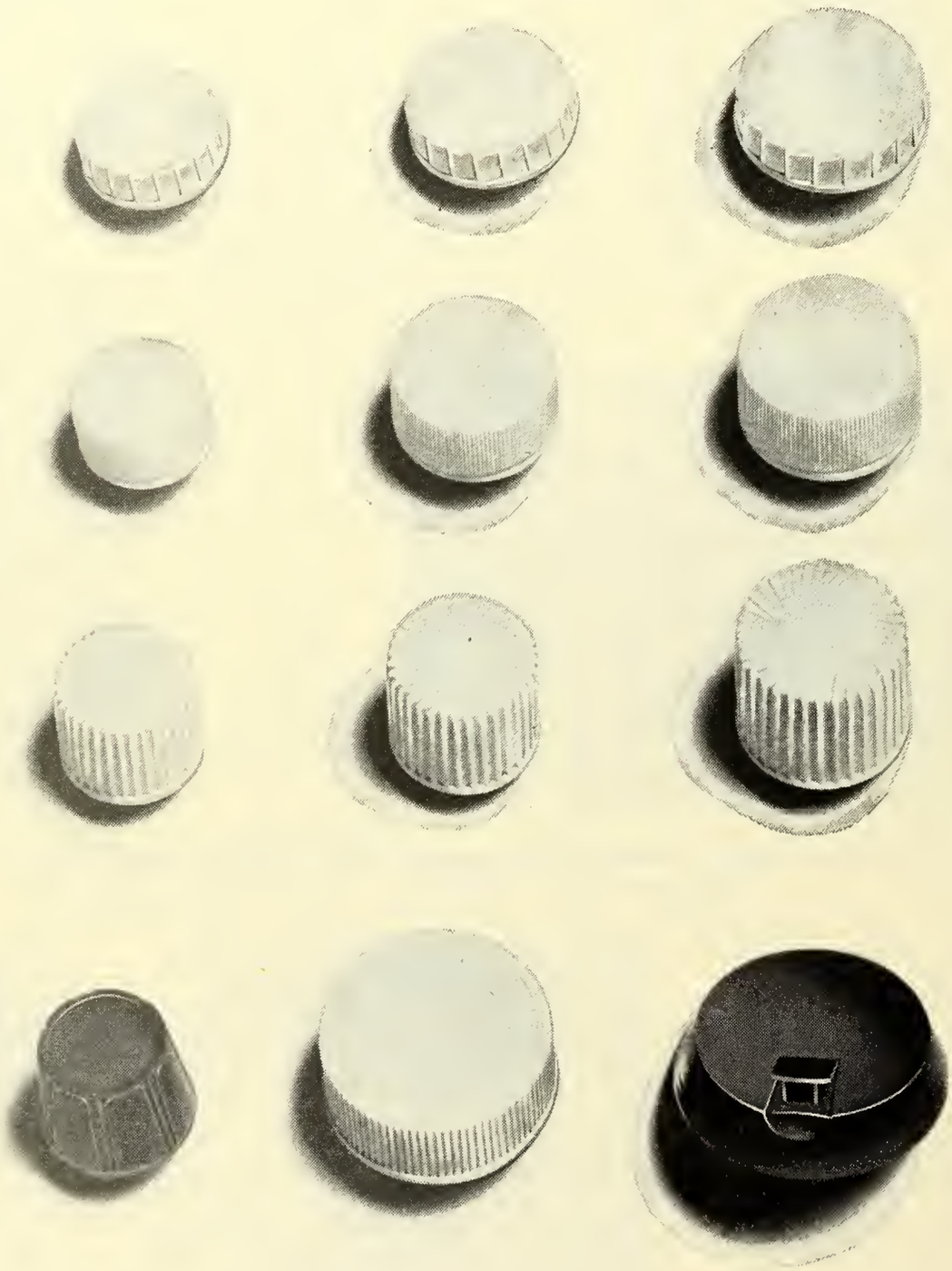

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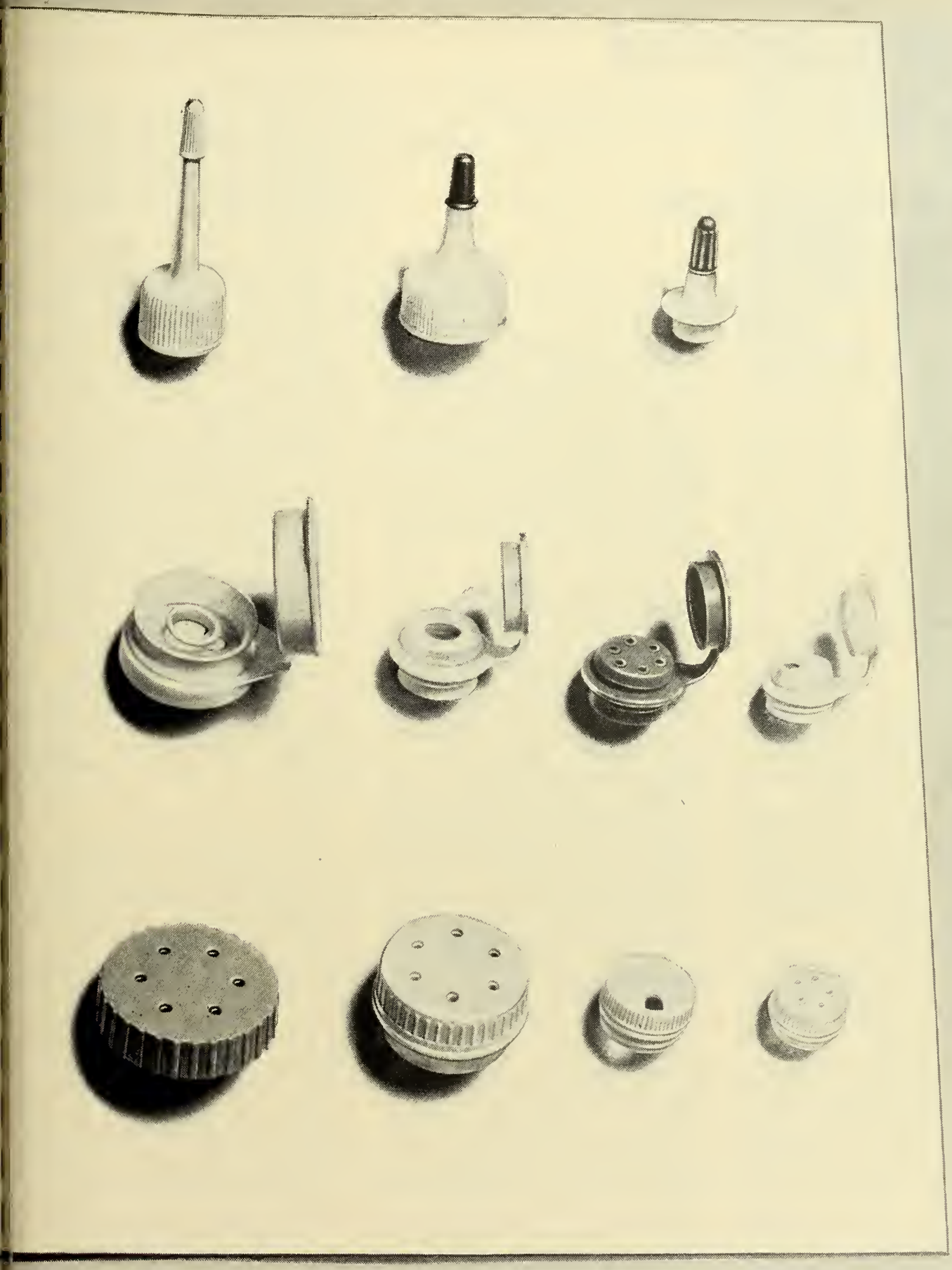

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Professional News

Pharmaceutical Society of Great Britain

Council discuss EEC draft directives on retailing

The six principles included in the draft directive on the retail sale of medicinal products in the EEC were considered at the November meeting of the Council of the Pharmaceutical Society of Great Britain. The council reaffirmed the adoption of the six principles which are:—

(1) Restricting to a retail pharmacist supply of medicaments to the public.

(2) To restrict the goods which a pharmacist is authorised to trade in in his pharmacy.

(3) To define the function that the retail pharmacist is qualified to perform by way of medical laboratory analysis.

(4) The pharmacist to be responsible for the quality of the medicinal products which he supplies without in any way removing the responsibilities which fall on the manufacturer.

(5) Responsibility for the proper keeping, conformity to specification, and legal requirements relating to medicaments.

(6) It is considered that full professional responsibility for the pharmacist is of such importance that he should at least be the owner of the medicaments he supplies and the apparatus and equipment that is in the pharmacy (there is an exception where the pharmacy is the property of a public authority or non-profit making co-operative institution where permitted by National legislation).

The Council had before it the minutes of its Committee on the ECC that had also considered the principle in Draft Directive II that a pharmacist should be responsible for and exercise control in the manufacturing of drugs.

With regard to item six, although merit was seen in the situation, attention was drawn to the existing situation of a general practice pharmacy in the United Kingdom. Subject to that reservation, it was recommended that the Council should accept the principles involved in the six points as set out.

Mr J. M. T. Ross (Company Chemist's Association representative on the EEC Committee) and Mr Sparshott disagreed with points 2 and 6; Mr E. B. Teesdale (representing the Association of the British Pharmaceutical Industry on the Committee) expressed objection to point 4, and to the principle accepted under Draft Directive II.

It was agreed that Mr J. P. Kerr, president, should represent the Pharmaceutical Society on the Council of the Commonwealth Pharmaceutical Association. The appointment to be for five years.

Planned pharmaceutical service

It was reported that there would be a meeting between representatives of the Committee on a planned Pharmaceutical Service and the Department of Health and Social Security on November 13 to discuss the Committee's proposal that, subject to acceptable safeguards, an executive council with the approval in each case of the Secretary of State should have power to refuse an application for a contract to dispense NHS prescriptions in premises within a radius of a quarter of a mile of a health centre or multiple group practice premises.

Use of oestrogens in animals

It was reported that the Agriculture Ministers proposed to take steps to restrict the sale and supply of injectable forms of stilboestrol, hexoestrol and dienoestrol to prescription only. Regulations would be made under Section 8 of the Therapeutic Substances Act. In addition, veterinary surgeons would be recommended not to issue prescriptions for those substances except for therapeutic purposes.

The Ethical Committee minutes referred to a newspaper advertisement for Macleans toothpaste which had included a coupon redeemable only at branches of "Boots the Chemists", and an advertising feature with a supporting advertisement referring to "Boots Chemists." The Ethical Committee had accepted the explanation and apology of the superintendent pharmacist of Boots.

Titles of monographs

The titles of certain preparations of drugs included in the British Pharmacopoeia, the British Pharmaceutical Codex and the British National Formulary were, in the view of Mr K. Lees, too short to describe the preparations correctly. He told the Science Committee that the principle usually applied in the BP was that when a monograph was included for only one salt or ester of a drug then the title of a monograph for a preparation of the drug was the name of the drug shortened by the omission of the name of the salt or ester. For example, tetracycline hydrochloride tablets had the title tetracycline tablets. However, the position had arisen that betamethasone valerate cream was to be given the title betamethasone cream in the next edition of the BPC. Mr Lees pointed out that betamethasone was also available as a phosphate and there was evidence that the valerate cream penetrated the skin better than did a phosphate cream.

The Science Committee had agreed that in this case, shortening the title in the usual way meant that it was no longer sufficient to describe the preparation accurately. In that case, shortening the title would not be in the best interest of the patient. Also, as the Codex was used abroad, there were important issues of nomenclature which arose in connection with drug exports.

On the other hand, the Committee recognised that the BP principle did result in shorter names and had assisted the prescribing of generic preparations.

It was pointed out that certain alterations suggested by Mr Lees in connection with the titles of preparations of betamethasone had been accepted by the BPC but not so far by the BNF. The next editions of both the BPC and the BNF were at an advanced stage of preparation and major changes could not be made if planned printing schedules were to be met.

It was recommended (i) that no further changes should be made to the titles of preparations of drugs to be given in the British Pharmaceutical Codex 1973, (ii) that the Society's representatives on the Joint Formulary Committee should not ask for changes in the titles of preparations in the British National Formulary 1974-76, and (iii) that the appropriate committee of the Medicines Commission should be asked to reconsider all titles of preparations to ensure that they were fully descriptive.

Mr J. P. Bannerman, commenting on the statement that "there was evidence that the valerate cream penetrated the skin better than a phosphate cream" asked if a phosphate cream was commercially available.

Professor Turner thought that there was no such cream commercially available at present but said it could possibly become so. Mr Bannerman asked whether it was necessary to ask the Medicines Commission to consider monographs of a preparation which "might" become commercially available.

Professor Beckett said that the Committee had been concerned about the danger of allowing the same name to be used for different things. Esters, he said, were different from the parent compound. To give to an ester the same name as the parent compound was not only confusing, but also potentially dangerous.

Mr Bannerman agreed about the danger, but said he would like to hear of examples. Professor Turner referred to the two examples which had been given by Mr Lees and said that about 12 more had been introduced. He added that the question was probably not so important in relation to the BNF, which was concerned only with British products, but the BPC was used widely abroad and where preparations not available in the United Kingdom were used there might be confusion. For that reason, is was considered unnecessary to ask the BNF to make changes in the next edition but the Medicines Commission should be asked to look at the whole problem.

Biological availability of digoxin

The Science Committee felt that there was still confusion and concern about the bioavailability of digoxin. It was agreed that the attention of the Committee on the Safety of Medicines should be drawn to the situation and that the Committee should be asked if progress was being made towards issuing a second statement. It was pointed out that the Society was prepared to assist the Committee with advice on the pharmaceutical aspects of that and of similar problems of biological availability.

Pharmaceutical Society of Ireland

Medicines Act should be given priority

Disappointment was expressed by members of The Pharmaceutical Society of Ireland at their October meeting over a letter received from the Department of Health in connection with the control of drug abuse.

The letter stated that following the publication of the Report of the Working Party on Drug Abuse in May, 1971, and in view of the growing public concern with the problem of drug abuse it was decided, with the approval of the Government, to proceed as a matter of priority with the preparation of separate legislation for the control of drug abuse. This legislation, under the title, "Misuse of Drugs' Bill, 1972", was introduced in the Dail on July 12 last.

The Bill would also contain the amendments to the Poisons' Act, 1961, which were essential in connection with the making of Regulations under section 14 of that Act, now at a final stage of preparation. It would be appreciated that, due to pressure of work on the preparation of the Misuse of Drugs' Bill, it had not been found possible to proceed as quickly as had been intended with the proposed legislation for the control of medicinal products.

Existing powers

In the meantime, however, in view of the importance of having a system of statutory control of medicines in operation without delay, which would enable the Republic to meet the requirements of the EFTA Convention on the "Mutual Recognition of Plant Inspections", which came into operation on May 27, 1971, the Minister had decided to avail of his existing powers under the Health Acts to enable a system of inspection of pharmaceutical plants and processes to be implemented. He proposed to make regulation to provide the statutory basis for the scheme.

It was envisaged that under the scheme, registration, issue of licences, etc, would be a function of the Department of Health acting on the advice of the National Drugs' Advisory Board which had agreed to operate the inspection system. The Board had recruited its own inspector for the purpose.

When Mr Walsh said he was not happy with some of the implications in the letter, Mr Power said he had many reservations also. The most serious drawback was that it was now proposed to introduce on a piecemeal basis measures which they had urged as constituents of all embracing Medicines' Legislation. It was evidently intended to utilise the National Drugs' Advisory Board as a basis around which temporary legislation would be introduced.

"We in community pharmacy must express our resentment that comprehensive Medicines' Legislation may not be introduced for two years. Those of us involved with European negotiations realise that delay will be a source of embarrassment. I feel we must urge the establishment of a Working Party consisting of Council members and officials of the Department of Health to prepare for the introduction of Medicines' Legislation as a matter of urgency", said Mr Power.

Mr Power went on: "This is the only country in Europe which lacks such legislation. The misuse of non-scheduled preparations can create the initial problem which ultimately leads to more serious abuse. In my opinion, two years is too long to wait".

The president agreed that at the last meeting with officials of the Department they got the impression that it might be two years before the legislation was introduced —or even longer. What the officials had stated was merely a declaration of intent. A Medicines' Act should be given priority.

On the motion of Mr Walsh it was decided to refer the matter to the Practice of Pharmacy Committee for immediate consideration.

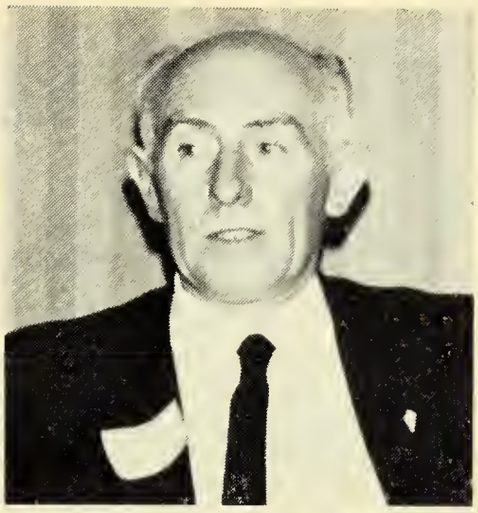
A letter from Dental Projects (Laboratories) Ltd, 47 Thames Street, Middlesex, referred to a letter in the June edition of the *Irish Pharmacy Journal* concerning dental repair kits and stated that they felt the remarks in the letter by a dental surgeon to the Council had no foundation. They could only assume that the two badly-repaired dentures referred to had been through misuse and failure to follow the instructions carefully. No specific product or company had been named but they had received thousands of letters claiming excellent results since placing their product on the market.

Point of law

Arising out of the Law Committee report, Mr Butler said that pharmacists should be made aware of the fact that it was the practice of some doctors to write orders for controlled drugs which were not legal prescriptions. Unless those orders complied with the legal requirements the patient should be asked to take them back to the doctors concerned to be completed in proper form.

Also arising out of the Law Committee, it was agreed, subject to the opinion of the Law Adviser, to institute proceedings against a Dublin company for breaches of the Poisons and Pharmacy Acts.

A letter received from the Department of Health enclosed a draft scheme of legislation amending and extending the Dentists' Act, 1928. The provisions under section 2 (b), of the new legislation, it was pointed out, shall not operate to prohibit the extraction of a tooth without the application of any local or general anaesthetic by a duly registered pharmaceutical chemist, chemist and druggist, druggist or licentiate apothecary in dental cases which are urgent, and when a registered dentist or a registered medical practitioner is not available for the purpose of such extraction.



Mr M. F. Walsh

A member drew attention to remarks published in the lay Press to the effect that the Society was being involved in trade and said that such an impression was understandable when the president of the Society was a member of the Health Negotiating Committee which had drawn up terms under which pharmacists are now participating in the Health scheme.

Appointments

Mr Power pointed out that four Council members had not been appointed to the Negotiating Committee by the Society but by a national meeting of the general body of pharmacists. He agreed there was an inherent difficulty in distinguishing between a Council member as such and a practising pharmacist.

Mr Power reported that at a recent annual dinner of the Veterinary Association he had discussions with the president of the Irish Medical Association regarding drug control. He had pointed out that the Society was concerned with this problem.

Regarding a meeting in the near future with the IMA he had made it clear that the Society would be anxious to discuss the position not in any narrow context but in relation to Dangerous Drugs, controlled preparations and the need for comprehensive medicines' legislation to control activities involving the supply and advertising of medicines. In fact they would be anxious to discuss every aspect of drugs and medicines.

Mr Walsh drew attention to an advertisement in a Dublin publication by a pharmacist which reflected a bad image of the profession. He was disturbed that any pharmacist should associate his name with such an unethical advertisement.

Mr Shannon agreed they should have basic standards to ensure that the image of the profession would not be lowered. It was agreed to refer the matter to the Practice of Pharmacy Committee.

The registrar reported that ten out of 20 candidates had passed the Assistants' examination in the Autumn. In the degree examination one student had passed with first class honours; one obtained second class honours and 21 had passed.

Arising out of the schools' committee, Professor R. F. Timoney said that he had

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been lecturing on Poisons' Law for the past 25 years and the demands on his time had become so great that he felt he should surrender this particular activity.

The Council accepted Professor Timoney's request and appointed Mr M. J. Cahill as lecturer in forensic pharmacy.

An adjudicating committee, consisting of Messrs Butler, Corrigan and Power, together with Professor Timoney and Mr Val J. Harte of the college staff, was appointed to consider applications for registration from pharmacists educated outside the Republic.

The president extended the thanks of the Council to the organisers of the Irish Pharmaceutical Congress in Tralee and praised Mr Kennelly and his wife and all associated with the function for making it such an outstanding success.

Mr O'Donnell said he hoped the Council would be able to send an adequate delegation to the FIP Congresses in future as he felt the task was too much for one man.

Mr Power said he had received "glowing accounts" of Mr O'Donnell's lone efforts on behalf of Irish pharmacy when discussing the matter recently with European colleagues in London.

Mr Power said he wished to express his personal regret that the Minister for Health had failed to nominate even one pharmacist on Comhairel na nOispidial (the Hospitals' Board), or on the Regional Hospital Boards. He felt the constitution of these Boards was influenced by pressure groups and he regretted that pharmacy was not sufficiently organised to exert a stronger influence. "I am convinced that if pharmacists were in a position to be more actively involved in public life we would be in a better position to exert pressure", he added.

Mr Burrell renewed his appeal to pharmacists to forward subscriptions of £5 each towards the cost of carrying out the very necessary economic survey of pharmacy. He could not over-stress the fact that such a survey was necessary in view of our pending entry into the EEC.

Mr Butler said the Department of Health had expressed interest in the project.

It was agreed to forward a copy of the proposals, prepared by the Economist Intelligence Unit, to the Department as an indication of the task on hand.

Restored to the Registers were: Mrs Bridget M. Moffitt (née Tarpey), LPSI; Mr Samuel Citron, LPSI and Mrs Joan M. Beales (née Nicell), Assistant.

Lucy Kelly and Thomas Wickham were elected to membership; nominated for membership were: Mrs Maeve Cullen, LPSI, Melle View, Deanscurragh, Longford; Miss Mary McGuinness, LPSI, Main Street, Roscommon and Mr E. Gilsenan, LPSI, Main Street, Kilcullen, co Kildare.

The following changes of address are noted: Mr Eugene Gilsenan, LPSI, to Main Street, Kilcullen, co Kildare; Mrs Oona Molloy, MPSI, to 86 Lower John Street, Sligo; Mr William Counihan, MPSI, to 16 Dunmore Avenue, Riverview, Knockboy, Waterford; Mr Robert J. McCullagh, MPSI, to 34 Weirview Drive, Stillorgan, co Dublin; Mrs Genevieve O'Connor, LPSI, to 5 Liffey Lawns, Clane, Naas, co Kildare; Mr John Holly, MPSI, to 66 Market Street, Ardee, co Louth; Mrs Theresa Ferris, LPSI, to 7 Fernside Villas, Summerhill South, Cork.

Mr H. W. Bach, Mr L. M. Spalton, Mr Y. Chabrol at the meeting.

Self-medication in the EEC

Substantial progress has been made in the consolidation of the Proprietary Associations of Europe (AESGP) relationships with international and European authorities concerned with public health and the EEC Commission is giving recognition to the area of self-medication within the health schemes of the Community.

This was stated by AESGP's president, Mr H. W. Bach, at the Association's annual meeting in Brussels last week. Theme of meeting was "The significance of self medication for the consumer, for the doctor and for the Environment in the EEC".

The round table session was chaired by Mr L. M. Spalton (Sterling-Winthrop Ltd, UK, and a member of the Medicines Commission), put forward the view that there was an overriding need for the pharmaceutical directives to be soundly planned and useful.

The first paper, dealing with ECC Directives, was given by Dr D. Spitta (AESGP Legal and Professional adviser).

Mr J. Lucius (vice-president of the European Parliament) dealt with the future role of the European Parliament on European Legislation. He reviewed the development of the EEC over the last 20 years culminating with the 1971 resolution covering the achievement by stages of economic and monetary union and harmonisation of fiscal policies amongst the EEC members. The resolution also provided for the development of regional and environmental policies to be adopted by the EEC.

Commenting on this talk, Mr Y. Chabrol (EEC Economic and Social Council) reviewed the work of the Council on the texts of directives of interest.

Mr J. P. Wells (director, Proprietary Association of Great Britain), in a summary of the advantages which would accrue to the industry from the removal of barriers to trade, said he felt that the aims and objectives of the industry within the existing members of the Community and the new entrants were identical. The draft directives, however, required modifications in important particulars to encompass the different practices and development of the industry in the member states just joining the Community. He commented on the directives relating to the harmonisation of registration procedures and felt that the primary objective of these proposals was to move towards the achievement of mutual confidence of the national product registration bodies in each other's decisions. Further problems arose with the directives concerning retail sale, since the existing pattern of distribution of medicines within the EEC differed widely from that in Britain and Eire where "25 per cent of the total sales of proprietary medicines is from grocers and village stores".

Commenting, Mr E. A. Campo (director general, Secretariat of the EEC Council of Ministers) agreed that the entry of the three new members required a new approach to be made to the problems of personal responsibility of production.

Dr Scheuer and Mr J. P. de Crayencour (of the European Commission) agreed with this view. Mr de Crayencour said that the EEC Commission was fundamentally concerned that the control of medicines at manufacturing and wholesale levels was also maintained at the retail level.

Lord Burntwood, former Under-Secretary of State, Department of Health of Great Britain, reminded the meeting of the continuous inflation of social security costs. During the period 1963 through 1966 these costs had increased by: Italy 54 per cent, Belgium 49 per cent, France 40 per cent, UK 30 per cent.

The answer to this problem he felt was to promote properly controlled self-medication as an extension of conventional medical practice and the GP's first weapon against unnecessary use of his time.

Dr Feinstein, professor of medicine and epidemiology, University of Yale and Hamilton, underlined that medical science was essentially based upon laboratory data. It was most likely that with an evaluation based only on laboratory data, aspirin would not be allowed to be marketed nowadays.

Mr de Malherbe, CAP member, underlined the educational role of well-balanced advertising. There was still a lot to do towards promoting dental hygiene and daily hygiene, etc.

Mr Reiniger, for the industry, believed that free sale medicines, thanks to free competition and advertising, had maintained a remarkably low price level.

At the general assembly president Hans Bach (Richardson Merrell, West Germany) was re-elected for a further term. The UK is represented on the board by Mr F. G. Razzell (Nicholas Products) and on the executive committee by Mr D. N. A. McLure (Beecham Products).

Comment

Problems ahead

The iniquity of statutory freezes on incomes and prices such as those announced by the Prime Minister on Monday (page 715) is that the effects are most unfair to those who have been imposing self-restraint or those who, through no fault of their own, have to wait a long time for their claims to be approved.

The retail pharmacist's case comes in the latter category, his gross margins being roughly restricted to profit on over-the-counter sales plus dispensing. Turnover on dispensing cannot be dramatically increased because advertising is not (and rightly so) permitted. Thus any improved rates that the Central NHS (Chemist Contractors) Committee can wrest from the Government are of paramount importance to him.

There are two important claims which the Committee have tabled on behalf of the contractors and it can be assumed that these will be "on ice" for the next three, and possibly five, months. They include the raising of the proprietor's notional salary to £4,000 a year from January 1, 1973, and also for that year, an increase in the profit margin equivalent to 20 per cent of capital employed. Currently the rate is 16 per cent.

It is understood that official approval of two other claims was received just in time to escape the standstill. These were an improved urgent fee and a more satisfactory payment for the oxygen therapy service.

But a new JIC scale which had been agreed and not implemented, will be held up.

It may have been coincidental and due to the inflationary situation but since it became obvious that some restraint, voluntary or otherwise, would have to be imposed manufacturers, including those making over-the-counter medicines, cosmetics and photographic materials, have rushed through price increases at a phenomenal rate. Last week alone *C&D* weekly supplement carried over 400 new prices and this week there could have been a similar number but for Monday's deadline. Tuesday saw a number of manufacturers going into reverse and anxious to withdraw their notifications of changes.

Throughout, most of the publicity has been directed at the shop prices. Rarely is it pointed out that the rise is not the fault of the retailer and that he is only passing on the higher rate charged by the manufacturer. In the coming months some shoppers are going to be on the lookout for anything which resembles an increase and the telephone numbers which were published in the national newspapers can be expected to be in frequent operation.

Had resale price maintenance still been legal for all the goods that chemists sell, operation of the freeze would have been, we believe, made easier. As it is, it seems as if it will be necessary for a retailer to be careful to ensure that say a hairspray sold at cut-price before November 6 is still sold at a price which gives him the same profit that he got before that date.

A complication also arises in the case of a retailer selling stock bought before its price went up. Does he sell it at the old rate? If he does so, then under the draft regulations will he have to sell new stock (costing more) at the old price because he "shall not exceed the prices for transactions of the same description effected by the *same person* in the course of business before November 6"? Here again he may charge the extra amount paid to the manufacturer but must not take any extra mark-up.

There are plenty of anachronisms that should be cleared up before the Bill becomes enforceable.

Books

Challenging Years: My life in Chemistry. Karl Winnacker. *Sidgwick & Jackson,* 1 Tavistock Chambers, Bloomsbury Way, London WC1. 9½ x 6½ in. Pp 440. £4·00

The author entered the Hoechst works of I. G. Farbenindustrie in 1933 becoming a director in 1943. Sacked by the Americans when they occupied the works in 1945 he became a jobbing gardener. In the summer of 1948 he returned to the industry as a departmental head of Knapsack one of the subsidiaries of Hoechst after IG was dismembered. From 1952 to 1969 he was chairman of the board of management of Hoechst later becoming chairman of the supervisory board.

Besides being an autobiography it is an interesting account of life in the chemical industry during many eventful years. Readers will find little reference to the group's activities during the war years but it appears that there was a veil of secrecy between every department which was best left drawn.

The book abounds in personal anecdotes, as for instance the day he cycled past the sole American guard and entered the open and abandoned Hoechst works to collect some bottles of wine that he knew had been left in his office. His return journey with the bottles in a rucksack was equally successful.

The book has been brilliantly translated into English by David Goodman and the text in consequence provides easy and interesting reading.

An Index of Adverse Reactions to Drugs. Peter Cooper. *Alchemist Publications,* 25 Oxford Street, London W1R 1RF. 8½ x 5½ in. Pp 214. £1·75

The basis of this book is a list of drugs and the possible adverse reactions that they can give rise to during use.

Mr Cooper provides details of usual doses; synonyms (with an index as a cross reference for different brand names) and the contributory factors which can predispose a patient to a given adverse effect. He includes such factors as established disease, a history of disorders, nutritional state, age and concurrent medication.

In some cases a section on the treatment of side effects of the particular drug is included, often with an indication of whether the reactions are likely to subside in continued therapy or if the effects are reversible if the drug is withdrawn.

The author has not included in the book references to papers where the adverse effects, and precipitating factors associated with them, are described but has himself assessed the information available.

Guidelines for the Redundant Manager. *British Institute of Management,* Parker Street, London WC2B 5PT. Pp 28, paper back. £0·45

This new publication is designed specifically to help the redundant manager by giving him the latest practical information on the financial benefits available to him and how to obtain them. It draws attention to the key points he should consider in finding other employment, and tells him of existing organisations and agencies which assist redundant managers and executives.

Open Shop

by E. C. Tenner

Drug reactions

With the advent of chemotherapy and specific treatment for specific diseases we have seen the demise of the multi-ingredient mixture. The old fashioned blunderbus prescribing is frowned upon. Also we are constantly being reminded of the pharmacological incompatibilities which can arise. Certain foods and the tricyclic antidepressant drugs contraindicated with monoamineoxidase inhibitors, the danger of taking aspirin concurrently with anticoagulants and hypoglycaemic agents. Such is the complexity of modern medicine. Whilst the old fashioned mixture with many ingredients is out, I find some patients are still taking a variety of different drugs, not componded by the pharmaceutical *secundem artem*, but a number of varying solid dose forms. Only today I dispensed the following prescription:

Franol tablets (theophylline, ephedrine, phenobarbitone), chlorpromazine tablets 25mg, imipramine tablets 25mg—to be taken three times a day. Nitrazepam tablets 5mg, one or two at night. Salbutamol as an inhalant. The patient is also taking the "pill"— ten potent medicaments all being taken in a single day. I wonder, are there any adverse reactions taking place?

When I dispense prescriptions like this I am reminded of the cartoon by Hutt (what a talented artist—his contributions are sorely missed by me) in the *C&D* of March 29, 1969, reporting the annual dinner of the Leeds Branch. Hutt portrays a Dr N. Montgomery over the following caption:

"Of old when men by illnesses were tried The doctors gave them physic and they died. But now with modern science all the go The doctors make them sick and keep them so".

Prescribing of this order is on the increase and I have no doubt all pharmacists are dispensing similar prescriptions. To me it is rather frightening.

Linstead report

Prior to the conference of Pharmaceutical Committee representatives, there was widespread criticism of the Linstead report. I therefore expected that constructive ideas would be forthcoming from the representatives present. On reading the Press reports, what do I find? A motion calling for its outright rejection.

Mr S. Blum is reported to have said in moving this motion, "The working party had nothing positive to recommend for the improvement of pharmacy. Such a negative report from such an eminent Working Party must surely make Jacob Bell turn in his grave". His motion does not conjure up any thoughts of positive thinking but is negative in the extreme. I am pleased the members had the good sense to reject it. I am still concerned that no breakthrough, or no new approach appears to be forthcoming.

Can a committee appointed by the Government do any better? It cannot, unless the profession can submit proposals which have the support of the members and are practicable. It is the responsibility of every pharmacist to help work out a "blue print" on how we think pharmacy should be practised. Bearing in mind the concern of the public is an important factor.

Mr Worby stated that the concept of the "norm" was the mainstay of the North-east London Committee's proposals and that a form of retaining fee was necessary for the small pharmacy and that it could be negotiated.

I believe that without a planned distribution of pharmacies this idea will never be realised. I wonder if a survey of the siting of all existing pharmacies providing NHS services could be undertaken. I am sure it would reveal some very interesting facts. Maybe we should find that some pharmacies are not really required to provide an efficient pharmaceutical service. I might be accused of indulging in a flight of fancy, but it is the sort of thing a Government would do if it established the principle of a retaining fee and norm. We talk about areas of the country without a pharmaceutical service but never those where the service is more than enough.

However, I welcome the opportunity of looking again at the contract and the wider aspects of pharmaceutical practice through an enlarged working party, although I am not persuaded of the need of such a large committee. This working party will fail if we are unable to provide it with new ideas and proposals. It is up to us. Do not sit back and grumble but search your mind for ideas.

Council visits 'offspring'

Society Council members inspecting business aids at Mallinson House.

For the first time ever the Pharmaceutical Society of Great Britain "parent" made an official visit to its National Pharmaceutical Union "offspring" on November 30. Referring to this in his welcoming address to the 14 members of Council who attended, Mr Andrew Medcalfe, chairman of the NPU Executive Committee, said he felt that there must have been some lack of mutual understanding in the past by both "parent" and "child" for the visit to be so long delayed. Such a long period should not be allowed to pass before the next visit, and perhaps three years—alternating between their two houses—might be an ideal arrangement, thought Mr Medcalfe.

On the forthcoming entry into Europe, Mr Medcalfe said one of his personal wishes was that British pharmacy should go in as a team. In the past there had been occasions when the views of their two bodies had not exactly coincided. Their respective paths had at times led in different directions and they may both have felt that their own particular route was the right one for the greater good of the profession.

The time had come, suggested Mr Medcalfe, for both bodies in their dealings in Europe and at home to not only work as a team but be clearly seen to be working as a team.

Mr J. P. Kerr, president of the Pharmaceutical Society, said the society was proud of the progress the Union had made in its first fifty years and he looked forward to further joint meetings at intervals in the future.

SANITARY PROTECTION

NO LONGER A LOW KEY MARKET

by A. F. L. Deeson, MA, PhD, DSc

As Celia Haddon said recently in *The Sunday Times*, "there's money in menstruation".

And the possibility of reasonable profits for the chemist—providing he doesn't lose much more of the sanitary protection market to the supermarket operators.

For years this market was a "plain brown wrapper" effort with advertising so low key that advertisements were "announcements" and virtually invisible at that. Dynamic marketing was completely unknown. While this was often a low cost, low profit market it was (and is) also a basic product—a regular requirement of a large percentage of the female population—and the reserve surrounding the whole subject often operated in favour of the local chemist with his reputation for discreet personal service.

But during the last decade the situation has changed radically. In June this year the first-ever television advertisement for sanitary protection products appeared on British screens (though the experiment has now been ended); Press advertising is frank, both pictorially and copy-wise, and leaves no room for misunderstandings.

In this new era the chemist has lost out considerably. Ten years ago only 20 per cent of the sanitary protection market went to the supermarkets and multiple grocers; now some authorities claim that this figure has grown to 60 per cent with only 40 per cent to the chemist, although following extensive research Lilia-White believe that the chemist still has a slender majority of sales—about 54·8 per cent in 1972. Whatever the exact figure, encouraged by attractive eye-catching packaging and money-off promotions from the manufacturers you can be sure that the supermarket operators have a very intent eye on further development of this market and have no intention of resting on their laurels. In fact, 1972 has been notable for spectacular new packs and offers which will undoubtedly persuade supermarkets to give over more of their valuable space to this important and now-attractive feminine product.

Market sectors

The market is divided into two major sectors: sanitary towels and tampons. The earliest recorded sanitary towel was Smith & Nephew's Southall brand, which was introduced about 1880 and was also the first to be advertised—oh, so discreetly, in 1897. This towel was made of cotton wool but lacked absorbency and comfort. The first water soluble towel was not put on the market until 1920—by Kimberly-Clark in the USA. This was made of cellulose material, was soft and absorbent, and could be easily got rid of by flushing down the lavatory. Southalls introduced the first cellulose wadding towels into the United Kingdom in 1927.

Tampons were developed in the United States during the early part of the war and marketed by the American Tampax Co. Worn internally and with the now well-known advantages of greater freedom, less restriction etc they account for about 45 per cent of the total market for sanitary protection products, this year estimated to be worth around £23 million at rsp. Consumer usage of towels is probably declining at approximately 1 per cent per annum and the use of tampons in the 16-24 age group is accelerating. Tampon growth is also above average in the ABC1 socio-economic groups.

The total value of the market shows a notable increase since 1965 when the Economic Intelligence Unit estimated it at £15·8 million. Consumer usage of units is stable (average consumption of towels per user per period is 12; average consumption of tampons, 11) but inflation, coupled with the pressure of natural population growth have made the figures rise. It is estimated that there are currently 12·84 million users of sanitary protection products in the United Kingdom.

Brand leaders

Brand leaders in the sanitary towel sector are Dr White's and Lilia (both Lilia-White); Celtex (Southall (Sales)); Kotex (Kimberly-Clark) and Nikini (Robinson's). Dr White's, Carefree and Lilia (all Lilia-White) have over 60 per cent of the sanitary towel market.

Tampax currently holds about 68 per cent of the sector, followed by Lilia-White's Lil-lets with around 29 per cent. Lil-lets have substantially increased their share over the last couple of years. Cameo (Robinson's of Chesterfield) and Kotex (Kimberly-Clark) are also important. Lilia-White claim 52·5 per cent of the total sanitary protection market—as against 48·4 per cent in 1966.

Packs and promotions

The time has gone forever when the chemist "just sold" sanitary towels in plain brown paper, handed over the counter with every possible discretion.

Now if he wants to safeguard what is left of his diminishing share of the large and increasingly profitable market he must appoint a responsible member of his female staff to really keep up to date with new products, new presentations and promotions and to give the responsible advice which many women still require. This is a service which will never be available from his competitors.

For example, Kimberly-Clark last year repacked their already successful Kotex New Freedom—a loopless towel held in place by a panti-brief—in polybags, and Dick Cramer, their group product mana-

Continued on p739

courtesy of Lilia-White (Sales) Ltd.

Sanitary protection goods on sale in Westons chemist shop at Chemsley Wood, Birmingham.

SANITARY PROTECTION

Promotion battle

Continued from p742

zines including *Honey, Mirabelle, Look Now, Petticoat* and *Woman*. The campaign theme "Beats every other towel out of sight" is geared to a series of close-ups of wearers illustrating the discreetness of Panty Pads beneath ordinary briefs.

Robinsons of Chesterfield expect to launch new products to their feminine hygiene range next year. They already supply **Mene** and **Nikini** sanitary towels as well as **Cameo** tampons. A spokesman for the company said that the future advertising of products would be stepped up next year and a comprehensive plan is now being prepared. Their latest idea to be launched, however, is the Nikini Poppet. This is a little "poppet" fastener which attaches a Nikini pad (or other sanitary towel) to ordinary stretch briefs. Robinsons have also recently updated their literature "As girls grow up" and "Telling them the facts" and in-pack instructional leaflets are included in the Cameo and Nikini garment packets.

Celtex is the first sanpro brand to be marketed by the new toiletries division of the Gala Cosmetic group. The company have put their share of the disposable loop towel market at 25 per cent. And a strong feature of the marketing of the product has been a variety of successful on-pack offers ranging from Jewels to swagbags. The latest is a Slumberland quilt offer.

Packet design changes for **Tampax** have been gradual rather than revolutionary, said a spokesman. And it has been a constant endeavour of the company, he said to bring tampons from "out-of-sight" positions in shops into positions of constant display. Tampax advertise in leading women's journals as well as most of the national newspapers. The company offered three below-the-line promotions in 1972; one on the 40's pack in May, another in July on the 10's and a prepack display case for 40's in September which, the company report, sold out ahead of time.

Cuxson, Gerrard & Co have recently completed a half price offer of **New Sylvia** disposable tab-end towels and are now running a 2p off offer until the end of the year. Orders now being supplied carry a flash on each bag "Special Offer 8p", and generous quantity reductions are being offered. They are also redesigning their traditional loop-end "Perfection in Protection" Sylvia Sanitary towels from the familiar "Swan" pack to a bright, floral plastic bag with a draw-string neck.

The first of the range, which are being supplied in the new pack now, will be sizes 1 and 2. And, in future, there will be 10 towels per bag instead of 12. Sizes popular, maternity and 3 Sylvia will also change to the new design pack of 10 towels shortly.

Above, Cameo from Robinsons —their internal sanitary protection product and left, the Nikini Poppet in display outer

A display of Tampax products in a chemist which illustrates the company's policy to "bring tampons from out-of-sight positions" into more prominent display areas.

NEW PROFIT WINNERS FROM LILIA-WHITE

Dr White's PANTY PADS

- ✳ The small towel with the big towel absorbency.
- ✳ Massive pre-launch consumer sampling, plus heavyweight advertising campaign, now producing soaring demand.
- ✳ Stock up now to take advantage of this big growth potential.

To obtain a free sample pack, please write to:
Dr. White's Panty Pads Marketing Dept.,
Lilia-White (Sales) Ltd., Alum Rock Road, Birmingham B8 3DZ

LILIA-WHITE - Number 1 in feminine hygiene protection

Coming events

Monday, November 13

Doncaster Branch, Pharmaceutical Society, Doncaster Acorn Hotel, Bennetthorpe, Doncaster, at 7.30 pm. Meeting in conjunction with G. D. Searle & Co. Mr H. Francis (consultant gynaecologist from Liverpool), on "The population explosion". Reserved places only.

Enfield District Pharmacists' Association, The Postgraduate Medical Education Centre, Chase Farm Hospital, at 7.45 pm. Enfield slides by Mr A. H. Sellick.

Mid-Glamorgan Branch, Pharmaceutical Society, Railway Hotel, Bridgend, at 8 pm. Mr J. A. Close on "VAT".

Harrow Branch, Pharmaceutical Society, Clinical Lecture Theatre, Northwick Park Hospital, Watford Road, Harrow, at 8 pm. Dr L. Kreel (chairman of the Medical Executive Committee and head of department of radiology, Northwick Park Hospital), on "New techniques in radiology as they affect the pharmacist".

Leicester Branch, Pharmaceutical Society, Postgraduate Medical Centre, Leicester Royal Infirmary, at 8 pm. Dr G. H. Robb (senior medical registrar, Leicester Royal Infirmary), on "Chemotherapy of respiratory disease". (Lecture course).

Liverpool Branch, National Pharmaceutical Union, The Royal Hotel, Promenade, Southport, at 8 pm. Mr T. P. Astill (deputy secretary NPU), on "VAT".

Nottingham Branch, Pharmaceutical Society, Postgraduate Medical Centre, Nottingham, at 8 pm. Mr M. S. Knapp (consultant physician to the Nottingham hospitals), on "Current concepts in kidney failure".

Southampton Branch, Pharmaceutical Society, Polygon Hotel, Southampton, at 8 pm. Mr John White (consultant dermatologist, Royal Victoria Hospital, Boscombe), on "Current trends in dermatology".

Tuesday, November 14

Croydon District, The Galen Group, The Friends' Meeting House, Park Lane, Croydon, at 8 pm. Mrs Doyle (Bentalls Ltd), on "Wigs".

Isle of Wight Branch, Pharmaceutical Society, Technical College, Newport, at 7 pm. "VAT". (Lecture course).

Lanarkshire Branch, Pharmaceutical Society, Nurses' Recreation Hall, Strathclyde Hospital, Motherwell, at 7.30 pm. "Pharmacy forum". Joint meeting with the Pharmacy Club, University of Strathclyde.

Leeds Branch, Pharmaceutical Society, The Golden Lion Hotel, at 8 pm. Chief Inspector Briggs on "Crime Prevention".

S.E. Metropolitan Branch, Pharmaceutical Society, The Medical Centre, Lewisham Hospital, Lewisham High Street, London SE13, at 8 pm. Mr E. A. Jensen on "How we can maintain profitability in the face of falling margins and increasing overheads".

Southern Region Pharmacists' Association, Metropole Hotel, Cork, at 7.30 pm. Annual dinner and dance.

Teesside Branch, Pharmaceutical Society, Scandinavian Room, Marton Hotel, Middlesbrough, at 8 pm. Mr R. Blyth, Editor, Pharmaceutical Journal, on "Your journal".

Yorkshire Branch, Guild of Hospital Pharmacists, Selby Fork Hotel, South Milford, at 7.15 pm. Dr D. J. Charley and Dr D. Pompa, on "Anti-tuberculous chemotherapy".

Wednesday, November 15

Plymouth Branch, Pharmaceutical Society, Board room, Greenbank Hospital, at 8 pm. Torbay dinner and dance.

Thursday, November 16

Ayrshire Branch, Pharmaceutical Society, Prestwick Airport, at 7.30 pm. Visit to Prestwick Airport.

Bedfordshire Branch, Pharmaceutical Society, Board room, The Luton and Dunstable Hospital, at 8 pm. The Curator, Luton Hoo Museum, on "The Wernher collection".

Dundee Branch, Pharmaceutical Society, Towe Extension, seminar room G6, Dundee Universit at 7.15 pm. Miss Ritchie (recently of Glaxo), o "A quarter of a century of publication relations"

Chiltern Region, Pharmaceutical Society, Sloug College of Technology, Slough, at 7 pm. Regional conference, "Realities of Common Market pharmacy".

The Royal Society, 6 Carlton House Terrace, London SW1, at 10.30 am. Discussion organise by Mr G. B. R. Feilden and Mr D. T. N. Williamson, on "Manufacturing technology in t 1980s". (9.30 am. November 17, 2nd session).

Sunday, November 19

British Society for the History of Pharmacy, The Society's House, 17 Bloomsbury Square, Londo WC1, at 2.30 pm. Mr William H. Helfand on "James Morison and his pills".

Advance Information

Institute of Packaging, Hotel de France, St Heli Jersey, Channel Islands, March 6-9, 1973. Tent national conference: "Cost-effective packaging: making it work for you." Fee £54 members, £61 non-members. Details from the Institute at Fountain House, 1A Elm Park, Stanmore, Middlesex.

Society for Drug Research, 17 Bloomsbury Squar London WC1, November 29, at 10.30 am. Symposium: "The anxiety state". Fee for non-members £1·50.

Hatfield Polytechnic, department of biological sciences. Course of ten weekly lectures on "Topics in pharmacology", commencing Januar 16, 1973, at 6.15 pm. Fee £5. Three-day symposium: "Teratology, present and future developments", December 18-20. Registration fee £12.

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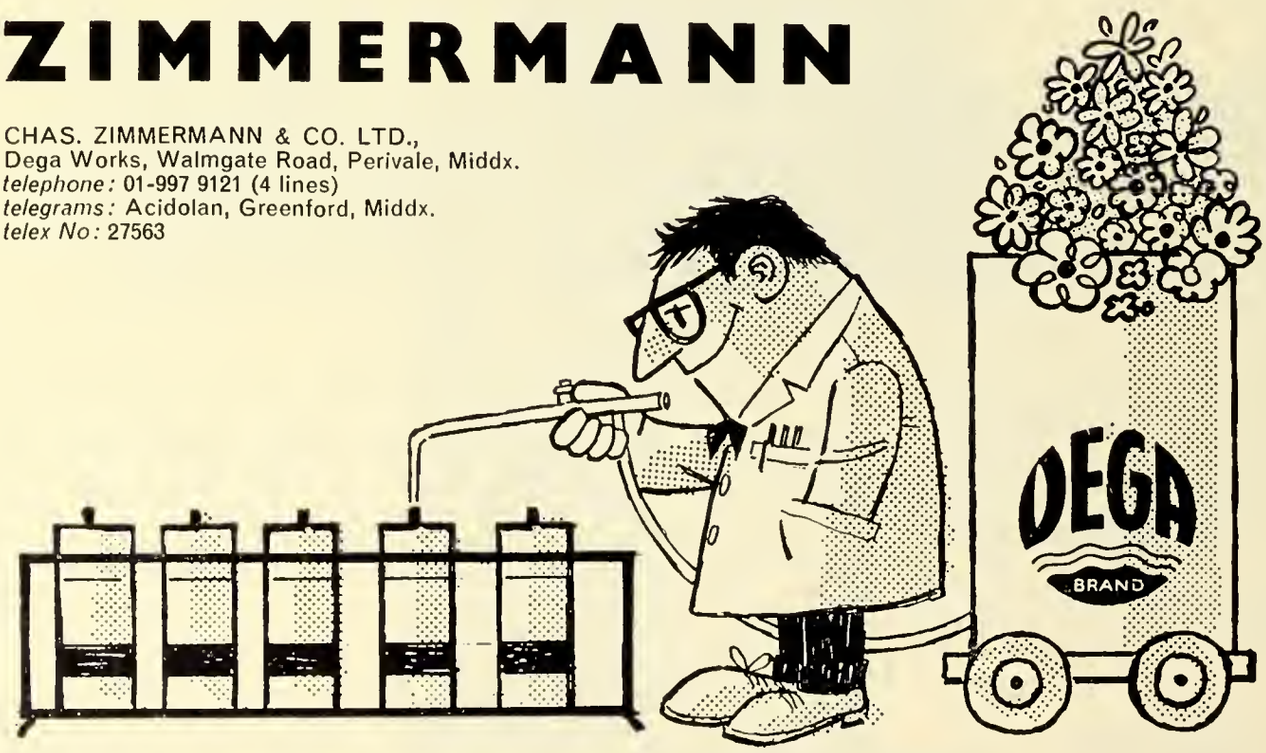

Market News

BOTANICALS TO BE SCARCE

London, November 8: Following the difficulty of getting quotations for new-crop botanicals from the United States it is becoming apparent that supplies from Europe are equally restricted. Demand however has been quiet so that prices for old-crop material on the spot have not been tested. For the second week in succession gentian root was marked up by £10 metric ton in both positions. Belladonna leaves were reduced.

A number of spices were dearer including *cassia lignea*, cinnamon bark, Indian cumin and dill seeds, pepper, mace and nutmeg. As with crude drugs, most essential oils are unaffected by the Government's order to stop price rises in the next 90 days, Bois de rose continued to firm on the spot in the absence of replacement offers from Brazil. Also dearer were lemongrass, petitgrain and anise while camphor white, Bourbon geranium and palmarosa were lower.

Pharmaceutical chemicals were without quotable change.

Pharmaceutical chemicals

Acetic acid: 12-ton lots, delivered, per metric ton, BPC glacial £94; 99·5 per cent technical £87; 80 per cent grades pure £82·50; technical £75.
Adrenaline: (per g) Synthetic 1-kg lots, £0·059; 500 g £0·067; acid tartrate, £0·044 and £0·05.
Aloin: 50-kg lots £9 kg.
Aminacrine hydrochloride: £33·50 kg.
Aspirin: 10-metric ton lots £577·50 ton; 5-ton £583; 1-ton £592·50.
Atropine: (500-kg lots per kg) alkaloid and methonitrate £65·20; methylbromide £64·20; sulphate £52·90.
Benzoic acid: One-metric ton lots £30·42 kg.
Borax: BP grades, per metric ton, in paper bags delivered—granular £112; crystals £154; powder £122; extra fine powder £126. Technical grades less £24 per ton.
Boric acid: BP grade per metric ton; granular £110; crystals £154; powder £122; extra-fine powder £126 in paper bags, carriage paid. Technical is £24 per 1,000 kg less than BP grades.
Calcium carbonate: BP precipitated £49 per metric ton
Calcium gluconate: 250-kg lots £0·63 kg.
Calcium lactate: 250-kg £412 per metric ton.
Calcium sodium lactate: £0·709 kg in 50-kg lots.
Chloroform: BP from £258 metric ton in 280-kg drums to £310 in 35-kg drums. 500-ml bottles £0·44 each.
Cinchocaine hydrochloride: £42·50 kg.
Citric acid: BP granular hydrous per metric ton 50-kg lots, £337; 250-kg £325; 1,000-kg £313. Anhydrous £358, £346, £334 respectively. Premium for powder £10.
Lactic acid: £570 metric ton for 50-kg lots.
Mercury salts: Per kg in 50-kg lots; ammoniated powder £5·15; oxides—yellow £5·90 and red £6·10, perchloride £4·30; subchloride £5·45; iodide £5·70 kg for 25-kg.
Oleic acid: BP £206·70 per metric ton delivered.
Quinidine: Alkaloid (10-kg lots) £47·50 kg; sulphate (50-kg) £45·50.
Quinine: (Per kg in 85-kg lots) Alkaloid £34·25; bisulphate £26·25; dihydrochloride £32·25; hydrochloride £32·50; sulphate £28; hydrobromide (10-kg) £33·40.
Oxalic acid: 20-ton lots about £145 metric ton.
Pyrogallic acid: Pure 500-kg lots £4·73 kg.
Salicyclic acid: per metric ton 5-ton lots £445; 1-ton £470; 250-kg £520.
Sodium perborate: (Per 1,000 kg) **monohydrate** £283·50—**tetrahydrate** £145·75.
Sodium salicylate: Per kg in 5-metric ton lots £0·54; 1-ton £0·55; 250-kg £0·56½; 50-kg £0·59.
Sorbitol: Powder £335 metric ton for over 250 kg.
Tannic acid: 500-kg fluffy £1·35 kg; powder £1·33.
Tartaric acid: (Per metric ton) 50-kg lots £437; 250-kg £432; £428 ton.
Terpineol: 50-kg lots £0·47 kg.
Theobromine: Alkaloid 100-kg lots £2·30 kg.
L-Thyroxine: £1·15 per g.
L-Triiodothyronine sodium: £2·50 per g.
Zinc carbonate: BPC 25-kg sacks £0·20 kg.
Zinc chloride: Granular 96-98% £135 metric ton.
Zinc sulphate: Heptahydrate £52 metric ton.

Crude drugs

Belladonna: Leaves £280 metric ton spot, herb £240 and root £245.
Buchu: Spot £2·20 kg spot; £1·98, cif.
Cassia: Lignea, whole £765 metric ton, cif.
Cinnamon quills: Ceylon four O's £0·27 lb, quillings £0·14 lb.
Gentian: Root £480 metric ton spot; £470, cif.
Mace: Grenada No. 1 £952 ton, fob.
Menthol: (kg) Chinese spot £6·95, shipment £6·20, cif. Brazilian spot and cif, £3·90.
Nutmeg: (Per ton, cif). Grenada: 80's £570; sound unassorted £490, defectives £390, all cif.
Pepper: (ton) Sarawak black spot £425; £405, cif; white £620; £595, cif.
Sarsaparilla: Spot £0·62 lb; no cif offers.
Seeds (ton) Anise: China star £175, spot; shipment £125, cif. **Caraway:** Dutch ex wharf £1,060, virtually unobtainable. **Celery:** Indian £340; shipment £265, cif. **Coriander:** Moroccan £80, cif. **Cumin:** Indian £335, cif. Chinese £275 metric ton, cif. **Dill:** Indian, for shipment £140, cif. **Fennel:** Indian £157, cif. Chinese £205 metric ton. **Fenugreek:** Moroccan £69, cif. **Mustard:** £60-£120 spot.

Essential oils

Anise: Chinese £1·55 kg spot; £1·50, cif
Bois de rose: Spot £4·20 kg; cif not quoted.
Camphor white: Spot £0·50 kg; £0·34, cif.
Geranium: (kg) Bourbon £16·00; Congo £14.
Lemongrass: £2·25 kg spot; £2·15, cif.
Palmarosa: £7·15 kg spot, £7, cif.
Peppermint: (per kg) Arvensis Chinese, spot £4·25; Nov-Dec £2·75, cif. Brazilian £1·68 spot; Jan-Feb £1·60, cif. American piperata from £1·60.
Petitgrain: Spot £4·20 kg; shipment not quoted.

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Packaging

Child-resistant closures

UG Closures & Plastics Ltd, Astronaut House, Hounslow Road, Feltham, Middlesex TW14 9AJ, showed a range of new child-resistant closures at Pakex recently. The products will shortly be available in Britain.

There is the Screw-Loc cap which is designed for non-standard finishes on plastic vials. The cap revolves when normal turning action is applied and is only removed when a push and turn action is applied. It is especially suitable for vials containing tablets or capsules.

Another is the Clic-Loc, designed for both liquid and dry products. A special feature is that when a child tries to remove the cap it gives an audible alarm in the form of a clicking noise, thus alerting the parent. The picture shows the Clic-Loc cap on a container and a separate cap suitable for a larger container below. It can be used with standard screw neck finishes.

Also new is the Makap, a British invention, which also operates on a press and turn basis but differs in certain respects notably in that it is a one-piece closure.

U.G. Closures & Plastics Ltd, will soon also be introducing the "Togglecap", a unique polypropylene closure that is designed for products which benefit from being controlled and directed with one hand. Baby products are an example of use where the mother needs one hand free to hold her child; shampooing is another.

The Togglecap operates by the flick of a thumb and the contents of the pack are easily dispensed. The nozzle is said never to clog or leak and is strong, reliable and clean in operation. The new closure can be used on automatic capping equipment and handled at speed.

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Prices

We announced on the 25th September 1972 our increased prices. In view of the government decision we feel bound to support the principle of anti inflation measures and therefore will not charge the new prices until this period of restraint ends

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Hospital appointments

BROOKWOOD HOSPITAL, KNAPHILL, WOKING, SURREY

PHARMACY TECHNICIAN

required at this Hospital. Applicants should possess the Certificate of the Society of Apothecaries or the City and Guilds Dispensing Technicians Certificate.

Salary £954-£1,320 p.a.

For further details apply to the Chief Pharmacist, Telephone Brookwood 2446, Extension 34.

GENERAL HOSPITAL JERSEY, CHANNEL ISLANDS

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required. Five-day week, Whitley Council scale of salaries. Applications in writing, together with the names and addresses of two referees, to Chief Pharmacist.

Please mention C & D when replying to advertisements.

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EXPANDING COSMETIC COMPANY

Part of a large group, urgently requires a representative for the Northern Home Counties. Must have established personal chemist connections. This is an opportunity to get in on the groud floor and in return we are offering a good salary, commission, company car and normal expenses. Reply in confidence to:

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PHARMACIST, part-time, required this busy general hospital. 24 hou per week, Whitley Council sala scale and conditions of servic apply. Inquiries and applicatio stating age, qualifications and e perience with names and address of two referees to The Chief Pha macist, Kent and Sussex Hospita Mount Ephraim, Tunbridge Wells.

PHARMACIST required for a ne pharmacy shortly to be opened a jacent to a town centre group pra tice. A unique opportunity to practi almost pure pharmacy. Please wri for further details to D. F. Kli MPS, 320 Canterbury Street, Gillin ham, Kent.

THALIDOMIDE: MPs criticise delay

MPs on both sides in the Commons on Tuesday pressed the Government to intervene to end delays in compensation for thalidomide victims.

The Opposition tabled a motion calling on the Government to propose amending the law for damages and to consider a state insurance scheme for personal injury.

Sir Robert Cary asked if there was any way in which the legal talks between Distillers and the parents could be expedited.

The Prime Minster replied: "That is a matter for the legal advisers on both sides. It is not right for the Government to interfere in a legal action of this kind. But I would have thought that everybody hopes the matter will be settled at the earliest possible moment. But this is the responsibility of the advisers."

"The tragedy of thalidomide babies remains headline news, but I think it may be said that these sad cases were relatively few in relation to their impact upon legislation, official reaction and practical measures throughout much of the world," Professor A. N. Worden, chairman of the Huntingdon Research Centre, said recently.

It was his opinion that the manufacturers were not guilty, by the standards of the day, of any glaring errors in the preclinical or pre-marketing investigations of that compound, whose apparent freedom from toxicity caused demands for its release for use in the United States by some not noted for their love of the pharmaceutical industry.

The teratogenic effect of thalidomide might, he suggested, have been predicted had therapeutic agents been routinely subjected, as food additives already were, to reproductive tests as outlined by the staff of the US Food and Drug Administration. "One was forced to query the validity, or the application, of the predictive test systems of the day", he said.

Professor Worden was giving the annual lecture of Merck, Sharp and Dohme Research Laboratories at the Royal College of Physicians, London. His subject was "toxicology and the environment".

He reiterated that the testing of products or candidate products for safety had increased greatly during the past decade.

Beecham's action on RPM

Beecham Group Ltd were granted a permanent order in the High Court on November 10 restraining Cut Price Drug Store, Bournemouth Road, Parkstone, Dorset, from reselling retail Eno's Fruit Salts or any other of the group's proprietary medicines at less than the group's current price list.

The Parkstone firm had contested Beecham's application for an order but when Mr Justice Ungoed-Thomas said he would grant a temporary order, pending the full hearing of the dispute, the firm agreed to submit to a permanent order.

The judge said that Beecham originally supplied the firm directly but latterly they had been supplied by wholesalers. He said that the firm had maintained that it was not established that the condition was attached to those goods sold to the wholesaler who resold them to the defendant. Also the firm claimed that when Beecham supplied goods directly to them the firm was not subjected to retail price maintenance provisions but was exempted from them as a result of incidents between the firm's proprietor and a representative of Beecham.

But the judge thought it perfectly clear on the evidence that the firm's proprietor knew perfectly well there were price conditions attached by Beecham to the wholesalers.

There was a complete clash of evidence over what was said by Beecham's representative to the firm's proprietor and what incidents occurred.

"It seems to me that the inherent probability, and indeed my impression of the evidence as given in the affidavits, is inclined in favour of Beecham's version of what happened rather than that of the firm's proprietor," said the judge. Beecham were granted their costs.

Purchase tax changes

The Commissioners of Customs and Excise have made the Purchase Tax (No 5) Direction 1972, effective November 15. It exempts (by adding to Head 11) hexamine mandelate and tranexamic acid. Influenza vaccine, prepared for the inhalation by aerosol and providing in each immunising treatment (four inhalations) 360 i/u inactivated A Aichi 2/68, 120 i/u inactivated B Netherlands 78/66 and 120 i/u inactivated B Berkeley 1/71.

September sales

The retail sales indices for chemists in September were: all chemists 151 (+ 11 per cent); independents 137 (+ 6 per cent); multiples 138 (+ 11 per cent) and co-operatives 147 (+ 14 per cent). The figures do not include NHS receipts.

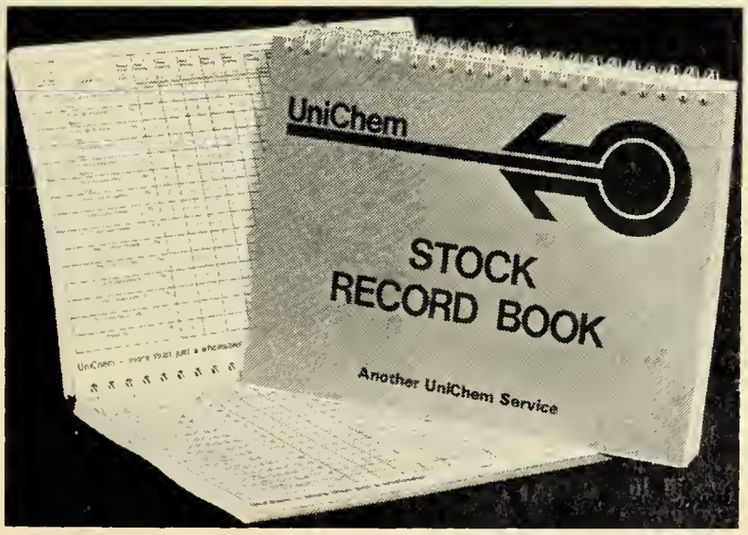
Unichem to open S. Wales depot

Unichem Ltd stated on Monday that they had negotiated a long-term lease on warehouse premises in Meadow Street, off Gors Road, Swansea, and that distribution of a full range of "ethical" products, Dangerous Drugs, bulk tablets and surgical sundries was expected to start before the end of the year. The depot would also be distributing over-the-counter lines brought into South Wales on a daily basis from Nuneaton.

The project involved an initial investment estimated at around £90,000 including the installation of shelving units and a conveyor belt distribution system. The depot would operate a fleet of eight white-painted vans and a team of experienced telephone order clerks. It was intended to provide at least a twice-a-day service for most customers in the area.

The Unichem stock recording system is receiving overhelming support the company reports. The scheme is based around an easy-to-read stock record book listing 1,200 counter products obtainable on Unichem's profitable buying plan. It aims to ensure that the pharmacy has a good "in stock position"; to provide a constant appraisal of stock levels to create financial advantage in buying terms by relating ordering to a true pattern of demand. The book is pre-printed and supplied free of charge. It enables an assistant to maintain control of up to 80 per cent of the popular OTC lines and maintain a buying advantage of an extra 6 per cent plus rebate (currently at 2½ per cent).

To meet the demand, Unichem has set up a series of special "teach-in" meetings which are being held during the next month in Reading, Willesden, Kingston, Brighton, Hastings, Guildford, Sheffield and Walthamstow.



Unichem's stock record book

Massive vote for Irish Pharmaceutical Union

By an overwhelming vote (314 votes from 319 cast) members of the Irish Drug Association have favoured the establishment of the new Irish Pharmaceutical Union to replace the Irish Drug Association.

The poll, at a special general meeting held in Dublin on November 5, represented less than 50 per cent of the total membership of over 1,000.

It was announced by the president of the Association, Mr John Burke, that the Association would carry on as such until the end of the year and the new Union would take over on January 1, 1973. It is intended that the Union will take over the present premises occupied by the Association at 27 Merion Square, Dublin together with its staff and equipment.

The Union will appoint its own secretariat headed by a director general who, it is envisaged, will conduct all negotiations on behalf of pharmacy as a whole. The new organisation will deal with all the business activities of pharmacists leaving the Pharmaceutical Society of Ireland to deal with all statutory and professional activities.

Executive committee

In the new Union, the community pharmacy sector will have 12 of the 24 seats on the executive committee. These will consist of one member from each of the eight regional health associations together with four community pharmacists to be nominated by the community sector committee. There will be three representatives for each of the following groups: Hospital pharmacists and medical representatives; wholesale and industrial pharmacists; academic and army pharmacists; community pharmacist employees.

The Irish Drug Association has been in existence since 1909. The present secretary, Mr Brendon R. Smith had held the position since 1934.

Only one speaker opposed the motion to form the Union. He was the immediate past president of the Association, Mr Alexander Herriot, Bandon, he said the essential thing in any union was uniformity of interest. There were at least three major sectors of pharmacy and he could not see them agreeing with each other on all matters.

The Association was putting all its officers, staff and equipment into the new Union but the other groups appeared to be coming in empty handed. Community pharmacists represented about 70 per cent of the profession and he said it was not democratic to grant them only 50 per cent representation. He asked them to reject the resolution for the present.

Mr R. G. Power felt he was convinced that in the LEC pressures would be exerted by some of the new member countries who, if they succeeded, might relegate pharmacy to the technician category.

Those who believed pharmacy was a profession must be in a position to express their views forcibly. Concerning the assets of the Association, he said they belonged to the members who could indicate what was to be done with them.

The President proposed the resolution. Mr T. R. Miller who seconded, believed that if they had had a Union four or five years ago they would have been in a much stronger position to negotiate the new health agreement.

Mr John McLaughin, Barllina, said on behalf of the pharmacists of Mayo, Roscommon and Galway, he was told to say the Union must be formed.

Mr R. C. O'Higgins said that for too long pharmacists had been working in dispensaries at salaries not in keeping with their professional status. It had taken the negotiating committee years to right the wrongs which had been done by the dispensary system. He would like to think that pharmacy was about to build its house on a firm rock.

More colleges teaching management

The degrees in pharmacy awarded by Chelsea College, University of London, and Heriot-Watt University, Edinburgh, have been recognised by the Institute of Pharmacy Management for admission to full membership of the Institute.

With the inclusion of these colleges, half the colleges of pharmacy in Great Britain are now providing a systematic course of instruction in pharmacy management subjects, of a standard to be acceptable to the Institute.

Free scripts until 16?

A request that free prescriptions be granted to children kept at school until the age of 16 was made in the House of Commons on Tuesday by Mr K. Marks. Mr Michael Allison (Under-Secretary of State for Health and Social Security) said he would look at the implications of the suggestion.

Guild still fighting for Noel Hall posts

Further approaches are to be made to the Northern Ireland authorities urging the appointment of a regional hospital pharmacist.

The council of the Guild of Hospital Pharmacists heard at its recent meeting a number of comments on a visit undertaken by Miss J. Greenleaf and Mr J. G. Roberts to Northern Ireland. It was agreed to continue supporting Guild members in Northern Ireland who were urging such an appointment.

The council was also informed that the Welsh Hospital Board would not be appointing a regional hospital pharmacist. It reiterated its displeasure at the decision and agreed to inform the Welsh authorities that such a situation reduced the career prospects of hospital pharmacists in Wales.

The council expressed concern over the apparent piecemeal implementation of Noel Hall grades, particularly in advance of the approval of a Noel Hall area organisation and the appointment of a Noel Hall area pharmacist. It was agreed that regional pharmacists and teaching hospital pharmacists already graded should be approached emphasising the importance of accelerating the creation of Noel Hall grades and the assimilation of present staff onto these grades, while making sure that the interests of the staff were being protected.

It was announced that a special general meeting of the Guild would be held on December 2, at the University of Aston in Birmingham, to discuss the Guild's future.

The following motion will be put: "This meeting agrees that the Guild council should enter into negotiations with the Association of Scientific, Technical and Managerial Staffs with a view to seeking affiliation, on acceptable terms, as a special membership section, maintaining a separate voice for hospital pharmacy within that organisation, and at the same time to pursue the possibility of the formation of a hospital pharmacist's group within the Pharmaceutical Society of Great Britain."

The council agreed that it was now time to ask the membership for authority to negotiate with those parties.

Changes of functions

On October 2 the Secretary of State made an Order, Ministries (Transfer of Functions) (No 3) Order (Northern Ireland) 1972, which provides for the transfer of certain functions regarding pharmacy from the Ministry of Home Affairs to the Ministry of Health and Social Services from November 1, 1972. The Registrar of the Pharmaceutical Society of Northern Ireland is now at Ministry of Health and Social Services, Lindsay House, Callender Street, Belfast, BT1 5BN, and enquiries about pharmacies and chemists should be directed there.

Irish dance

The annual dance in aid of the Benevolent Fund of the Pharmaceutical Society of Ireland sees a break with tradition when for the first time since its establishment over 30 years ago the function will be held in a venue other than Dublin's Gresham Hotel. This year the dance will be held at the Shelbourne Hotel on December 5.

Tickets (£3·30 each) or table reservations can be obtained from any of the officers, c/o College of Pharmacy, 18 Shrewsbury Road, Ballsbridge, Dublin 4.

Company News

Macarthys in agreed bid for UCAL

United Chemists (UCAL) Ltd have agreed terms whereby Macarthys Pharmaceuticals will acquire the whole of the issued share capital of UCAL consisting of 7,266 7½ per cent cumulative preference shares of £5 (973 of which are £1 paid, 10 are £3 paid and 6,283 fully paid) 68,670 5 per cent cumulative preference shares of £1 fully paid, 500 founders shares of £5, fully paid and 28,500 ordinary shares of £5, fully paid. The consideration, which will be paid in cash, will be equivalent to the paid value of each share.

The shares in UCAL, which are not quoted on any stock exchange, will be acquired with all rights except that, in the event of the offers becoming unconditional, holders of preference shares will be entitled to receive all dividends down to September 30.

The directors of UCAL intend to accept the offers in respect of their own beneficial holdings and will recommend all other shareholders to accept the offers.

Max Factor bought by US food group

Max Factor Inc of Los Angeles, USA, have been acquired by Norton Simon, a US consumer products group interested in food and beverages. The cost of the deal to Norton Simon will be $480m, which is being paid through an exchange of shares. The terms of the deal are that 1.115 Norton Simon shares will be exchanged for each Max Factor share outstanding.

It is expected that Max Factor will operate as a subsidiary of Norton Simon. Until now Norton Simon has chiefly operated in the US while some 60 per cent of Max Factor's turnover is derived from sales outside the US, and it manufactures in 14 countries and sells in 144.

Max Factor reported net profits of $17·4m on sales of $192·4m although this year its profits situation has deteriorated. For the first nine months ended September 30, net income was $9·9m on sales of $146·7m.

For the year ended June 30, Norton Simon earned $50·5m on sales of $1,185·3m. Sales were 7 per cent up on the year before and earnings up 17 per cent.

Hanimex forecast continued growth

The Hanimex Corporation is expected to show continued growth in sales and profits in the coming year according to the directors. In addition, the company could be involved in further growth through takeovers.

The increases in sales and profits last year were affected by some unusual problems associated with variations in exchange rate and particularly by a number of difficulties in obtaining supplies.

Group net profit for the year ended June 30 came to $A1·31m ($0·65m) and the dividend is 10 cents (same).

All overseas subsidiaries contributed to the result, although profitability of Australian-manufactured exports again was affected by cost increases and by adjustments in exchange rates.

Buoyant trading conditions in the UK contributed to record sales and profits. Sales rose 34 per cent.

Volumatic go Limited and form new divisions

The Volumatic Co, Coventry, known for their range of security aids has been formed into a limited liability company.

Known as Volumatic Ltd, the new company will have three totally segregated trading divisions to deal with its programme of diversification. A security division will handle the company's range of retail and commercial security products and industrial safety mirrors. A point of purchase division will handle the company's developing trade in sales bins such as the Pop Bin and there will be an export division.

Beecham have good first half

From sales of £119·91m in the half-year ended September 30, Beecham Group Ltd had a group trading profit, before tax, of £21·66m against £105·95m and £19·44m respectively in the corresponding period of 1971.

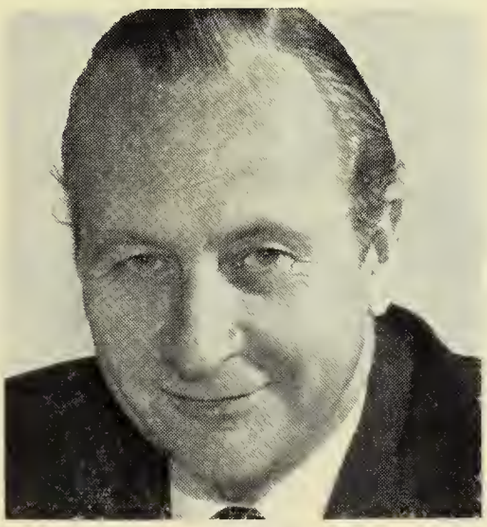
After tax and loan interest, etc, group profit is £10·96m (£9·68m) of which £10·86m (£9·599m) is attributed to Beecham Group Ltd.

An unchanged interim dividend of 12 per cent is declared. It will be paid on April 3, 1973.

Sales and profits of overseas subsidiary companies for the half-year have been converted into sterling at actual rates of exchange ruling at that date.

Dublin pharmacy changes

Two Dublin pharmacies have closed recently. The well-known firm of Roches' have disposed of their pharmacy in O'Connell Street, while Maguires' Pharmacy Ltd, Exchequer Street, has closed down, to be opened for non-pharmaceutical purposes. The company's other pharmacy in Dun Laoghaire closed down some time ago. They still retain a pharmacy in Grafton Street while Roches continue to operate at several centres in the suburbs.



Dr G. J. Hobday

Mr D. E. M. Appleby

New Boots chairman named

Dr G. J. Hobday, managing director of the Boots Co Ltd is to succeed Mr Willoughby R. Norman as chairman of the company on January 1, 1973, when Mr Norman retires. At the same time Mr D. E. M. Appleby, finance director, will become managing director.

Shareholders are to receive an unchanged interim dividend of 8 per cent for the year ended March 31, 1973. Had it not been for the dividend freeze it was the intention to pay more say the directors. The dividend payment dates will be made twelve weeks later than usual for tax purposes.

Net world sales for the six months to September 30 totalled £164·7m (against £139·47m). Trading profit was £20·68m (£14·36m) and profit after taxation £11·65m (£8·01m).

The increase in sales over the corresponding period last year arises largely from real increases in the volume of goods sold, the directors say.

Vestric People ②

INTRODUCING:

some of our 34 managers, each an important member of the experienced teams serving the local needs of pharmacy, from centres throughout the United Kingdom.

You will meet more later- Vestric is at your service daily, and we are as near as your telephone.

Vestric

The local pharmaceutical service

Head Office: Chapel Street
Runcorn, Cheshire, WA7 5AP.

People

r **R. M. Shaw,** MPS of Lytham St Annes o qualified in 1914 has been awarded medal of the Joslin Diabetic Founda- n of Boston, Mass, USA, to mark his ntinued insulin treatment for 50 years. ly two medals have come to England Mr Shaw is the only pharmacist to honoured.

Willoughby R. Norman who is retir- as chairman of the Boots Co Ltd on cember 31 will become honorary presi- nt of the company thus continuing his g association with the group, the last lve years of which he has spent as irman.

At the time of the proposed merger h Glaxo it was stated that Mr Norman uld become chairman of the combined up. Had the merger become effective would have been his intention to retire he annual meeting in July 1973. As the rger did not take place Mr Norman s that the appropriate time for him to re would be at the end of this calendar r "when the business is flourishing and are not engaged in any acquisitions or or changes."

Gordon I. Hobday, who is to head ts from January 1, 1973, joined the pany in 1939 as a research chemist r graduating with first class honours in mistry in 1937 and taking his PhD on arch in biochemistry. He subsequently ome a Fellow of the Royal Institute Chemistry.

rom 1944 he was increasingly involved patents and technical commercial ements for the company until, in 1950, was appointed head of administration he research department under Sir Jack mmond. On Sir Jack's death he be- e head of the research department, in 1954 a director of Boots the Chem- (Northern) Ltd. Next year Dr Hobday appointed a member of the company's utive committee and became a direc- of Boots in the same year and deputy aging director on January 1, 1968.

C. G. Bridge, personnel director of kitt & Colman Ltd, has been elected ident of Chemical Industries Associa- .

to a printers error the position of **Mr G. Razell** in the Almay caption (*C&D*, ember 11, p716) was given incorrectly. is general manager, UK. Nicholas rnational.

aths

ey: On November 3, Mr Benjamin ert Bailey, MPSI, 2 Nugent Road, farnham, co Dublin. After qualifying 950 Mr Bailey entered the wholesale followed by a spell as a pharmacist he army's base medical stores. Sub- ently he was a hospital pharmacist and in latter years he managed a number of pharmacies throughout Dublin city.

Jones: Recently, Mr Robert Irven Jones, MPSI, Orston, Dundrum Road, Dundrum, co Dublin. Qualifying in 1931, he worked for a spell in England. Later he purchased Ryan's pharmacy in Dundrum after a Dublin appointment.

Liddle: On November 7, Mr John Kirk Liddle, MPS, 23 Lyndhurst Gardens, Glasgow, NW. Mr Liddle qualified in 1929.

Wilbourn: Recently, Mr Laister Wilbourn, MPS, 20 Mansfield Road, Hasland, Derbys, aged 64. Mr Wilbourn qualified in 1929 and followed his father in the family business in Hasland, Chesterfield.

Topical reflections

BY XRAYSER

The ice age

The world of politics never ceases to delight me, whether the reins are held by red, white and blue; by pink or red, or by Alleppy green or Peruvian silver-grey. We have, once again, entered the Ice Age and we appreciate, not for the first time, that the impossible and the improbable should not be confused. Somebody, somewhere, has found that there is, after all, no insuperable obstacle to repayment, in some form, of all the purchase tax held on the shelves of retail establishments at the time of the introduction of value added tax. Why that should suddenly have been found to be an administrative possibility in a week of crisis I am not prepared to hazard a guess.

There are several intriguing possibilities into which I need not enter, but there is usually a *quid pro quo* in governmental gestures. Meantime, there is, so far as pharmacy is concerned, a total price freeze which should, for the time being, put a stop to the deluge of material intimating higher prices which descended with increasing weight until the very arrival of the iceberg. And the public is asked to do its own policing, to raise the question of price in the shop itself and, failing satisfaction, to telephone to authority direct. Severe penalties for defaulters are threatened.

It would all have been clearer cut and simpler to administer were it not that those who "itch to interfere in matters which they do not understand" abolished, some years ago, resale price maintenance, a step which led to "merchandising" with such illuminating slogans as "at least 3p off the recommended price". And in the jungle warfare of the past few years no one knows the price of anything. But even if the public is hazy about prices (as who is not?) they are being incited to issue challenges in public places and rush to the telephone. So once more unto the breach. We shall fight at the counters; we shall deliver broadsides from our gondolas. But we are not, however we may appear, all Alleppy greens.

Urgent prescriptions

I sympathise with the outraged feelings of the Chemist Contractors Committee in the matter of urgent prescriptions. It seems that the Department of Health and Social Services is not prepared to accept the endorsement of a pharmacist where an EC10 form, not marked urgent by the prescriber, is presented for dispensing out of hours.

The Contractors Committee is informing the Department that their decision reflects on the professional integrity of the pharmacist. The Committee threatens that unless a satisfactory solution is reached it might no longer be able to support the voluntary schemes in existence for the dispensing of prescriptions urgently required. But is it really *professional* integrity which is impugned? Is it not integrity itself? Is there evidence that claims have been made dishonestly? We are not told. But, however indignant the Committee may feel, it may be salutary to have a look at the reverse of the EC10 form, where it is made clear that the integrity of the whole populace is questioned and proceedings may be instituted for any false claim to exemption from prescription charges.

In both cases public money is being spent and the Department has a public duty. I have little doubt that the professional integrity of the pharmacist who voluntarily supplies urgent medicines out of hours will continue to be in evidence and that no one will suffer, despite the Committee's threat that it will no longer be able to support voluntary schemes.

Trade News

Synacthen reformulation

Synacthen injection, from CIBA Laboratories, Horsham, Sussex, has been reformulated. Ampoules containing a 1 ml buffered aqueous solution of tetra cosactrin 0·25 mg replace those containing the freeze dried product. Otherwise the presentation as a pack of six ampoules and price remains unchanged.

Shulton prices—as you were

Shulton have reconsidered their earlier decision concerning prices and have now decided *not* to implement the revised prices they issued for Old Spice, Oriental Spice, Desert Flower, John H Breck, Carven and Nina Ricci preparations. The company regrets the problems "such a decision creates" and add "it is inevitable that unusual measures such as a price freeze create unusual situations".

Keeping cool in an emergency

The Frigobox is a portable cold storage refrigerator giving 1·25 cu ft of space, although it is only 16ins deep, 17ins high and 19ins wide, and weighs only 23lbs. It comes in a variety of stove enamel finishes with a magnetic gasket seal to the top lid. The seamless interior is in white polystyrol. It is imported from West Germany and marketed by Goodward Marketing Trading Ltd, 39 Glenhill Close, Lichfield Grove, Finchley, London N3.

A standard 12v car battery, standard bottled gas or mains electricity will power the Frigobox, which has a low consumption. Gas models feature push-button ignition control with a fail-safe device in case the flame is extinguished, while both gas and electric models have a seven position thermostat control (£32·23—£42·70 plus service and delivery charges).

The Frigobox has a 5-year guarantee on the refrigerator unit and one year on all other parts.

Now engraved

Clinitetrin tablets are now supplied by Glaxo Laboratories, Greenford, Middlesex, with the product and company names engraved instead of printed. There is no change in colour or coating.

"No tax" bonanza

J. J. Vickers & Sons Ltd, 80 Royal Hill, Greenwich, London SE10, importers of Swallow binoculars, point out to chemists with photographic and optical businesses that binoculars carry no purchase tax and therefore offer a very good buy prior to the introduction of value added tax in April 1973. To help get this message across to potential customers, the company has produced a window banner which proclaims: "There is no purchase tax on our binoculars—enquire within". It is hoped that the banner will serve to arouse the curiosity of the casual window-shopper, who can be told the true position and the advantages of buying now when he has entered the shop.

Vickers add that the same advantages apply to telescopes, microscopes, etc, and say that binoculars make an acceptable Christmas gift. Their promotion may also serve to lift sales during the slack post-Christmas period.

First with the Act

Remington, 7 High Street, New Malden, Surrey, claim to be the first manufacturers to announce a firm plan for labelling litho cartons to conform with the new Trade Descriptions Act. Under the Act, which comes into force on December 29, all packaging must give the product's country of manufacture.

Triominic syrup colour

Wander Ltd advise pharmacists that the colouring agent used in Triominic syrup has been withdrawn by the manufacturers and that the alternative available produces a slight colour change; the syrup has a blue/red tinge. Patients can be assured that this does not denote any change in the active ingredients.

Cuprinol to market MAFU

From January 1, 1973, Cuprinol Ltd, Frome, Somerset, will exclusively market Mafu, the fly killer strip manufactured by Bayer Germany.

Launched only three years ago in the UK, Mafu is said to have gained around 35 per cent of the fly strip market. Cuprinol who had marketed Vapona fly killer strips for the past six years will have the sole UK franchise for Mafu through all outlets, chemists, grocers, hardware, garden and agricultural trades.

Prepare for winter

In last week's *C&D* pharmacists were reminded of the availability of DCL brand extract of malt with cod liver oil BPC, buterscotch flavour. Packed in 1lb jars the product is manufactured by The Distillers Co (Malt Products) Ltd, Edinburgh and is available from wholesalers. Pharmacists are encouraged to "stock up for the winter".

Varying Viscosity

Brocades Great Britain Ltd, point out that due to the nature of the active agent in De-Nol, it has been found that the viscosity of the product varies considerably. However, the viscosity is of no significance in terms of the therapeutic properties of the product.

Alupent expectorant

A 2 litre pack of Alupent expectorant (£10·75) is now available from Boehringer Ingelheim Ltd, Isleworth House, Great West Road, Isleworth, Middx.

Redesigned pack

A new pack design for each of the three colours in the Scottowels kitchen towels range has been introduced by the Bowater-Scott Corporation, Bowater House, Knightsbridge, London SWE. The company feel that the use of two-tone colour on the wrappers has greatly improved the white, blue and yellow towels. They also claim to have improved the softness of the brand still further since its relaunch.

New strawberry flavour

Bristol-Myers, 17 Stratford Place, Londo W1N 9AF, have introduced a new flavou strawberry, for Nutrament—their nut tional liquid meal. This makes the ran of flavours now available in 13 fl oz ca four altogether, the others being chocola cherry and vanilla. During the sell- period, Bristol-Myers are offering an ext 5 per cent discount on normal tradi terms for strawberry flavoured Nutrame

Larger Savlon

ICI Pharmaceuticals Division at Imperi Chemical Industries House, Millbank, Lo don, SW1, have introduced a 100 gm si of Savlon Babycare cream (£0·35).

Dibotin change

Winthrop Laboratories, Winthrop Hous Surbiton-upon-Thames, Surrey have a nounced two changes regarding Dibot capsules 50mg. The blue/clear capsul will carry the mark Dibotin on each ha in future and, the name of the produ has been changed from Dibotin sustain release capsules to Dibotin S.A.

New division formed

A new division for hair products has be formed by H. & T. Kirby & Co Ltd, Mildenhall, Bury St. Edmunds, Suffo since their acquisition of the Tweeda Ha products range. The Tweeda Hair beau salon will continue to operate from South Molton Street, London but a orders for these products should be se to H. & T. Kirby.

Bonus offers

J. Pickles & Sons, Pickles House, Churc Lane, Knaresborough, Yorks. Liptrex. 1 invoiced as 10 on one gross or over.

ICI Ltd, Pharmaceuticals Division, Alde ley Park, Macclesfield, Cheshire—Hibitan antiseptic lozenges, tubes of 20. 39 i voiced as 36, 84 invoiced as 72 (unt January 31, 1973).

S. Maw Son & Sons Ltd, Aldersgate Hous New Barnet, Herts. During Novembe and December on: Baby pants, Tuft pants, cotton tops, cotton swabs, anti nappy rash baby cream, One-Way napp liners, Simpla sterilising units and bab toiletry gift boxes. Details from representa tives.

New products and packs

osmetics and toiletries

oft pastel shades

o eomplement the pastel shades now in hion, Gala have introduced Baby stels, a range of colours for lips and es. Pastels for eyes consists of two sets twin matte shadows, marshmallow and uve and blue and green. And Pastels lips has two new shades: Chalky nk, a plain and bright pink and Chalky ach, an "orangey" peach. These new ades are available in the Supersmooth pstick range and the new Lip Pen coltion (Gala of London Ltd, Surbiton, rrey KT6 7LU).

hildren's bubble bath

orny have now introduced a bubble th in the shape of Rubert Bear to eir range of toiletries for children. ipert bubble bath ((£0·49) is presented a 10in bottle which holds 300cc. Other ms in the Rupert range include soap d talc (Morny, 17 Old Bond Street, ndon W1X 4AY).

lusk fragrance

ng used as a basic ingredient in many e perfumes because of its long-lasting alities, musk has now been launched as perfume in its own right. Musk oil (£1·45) available in ½oz perfume spray bottles th a black and white design (Alyssa hley Division of Houbigant Ltd, Salook Road, Salfords, Redhill, Surrey).

ifts for Christmas

ree Christmas gift sets from Outdoor rl are Love and Kisses (£0·37), which ntains a Love mini skin perfume and nk Froth frosted lipstick, a second set ntaining a plain lipstick and matching il lacquer in two shadeways Fireglow Grape Smoke/Hush Heather (£0·39) d lastly, a pearly eyelighter and toning nproof liquid mascara (£0·37) in two adeways, Cornflower/Blue or Mulberry/ um (£0·37) (Outdoor Girl Cosmetics, rbiton, Surrey).

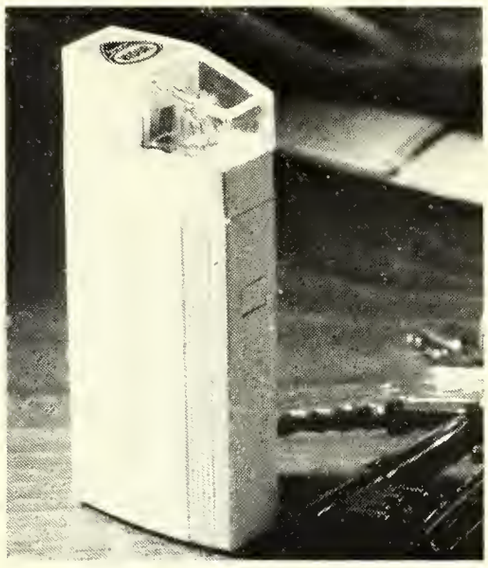
ange extended

ntheric have added Tweed Parfum de ilette (£0·80, £1·25, £1·85) to the Tweed grance range. It is, they say, more longting and powerful than the eau de lette or Cologne versions (Lentheric, 17 d Bond Street, London W1X 4AY).

ndries

andy pocket torch

e Vidor Compact is a new featherweight cket torch from Crompton Parkinson d, a Hawker Siddeley Electric company. Only 3¼ in high, and weighing 2 oz with two Vidor SP7 batteries, this torch can be easily slipped into a handbag or pocket. It is available in four colours: blue, green,



orange and yellow and is fitted with a lens and bulb. Twelve torches, three of each colour, are supplied in a show pack, the top of which folds back to make a counter or window display (Crompton Parkinson Ltd, 50 Marefair, Northampton, NN1 1NY).

Choice of nail files

Jacquelle Sapphire nail files are available in five sizes (from £0·15p to £0·45p) with a different colour handle for each size. The files have individual cases and come complete wiih their own display stand which holds 12 of each size file. Individual size refills are available in packs of 12 per size (Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland).

Skin care

Souffle cleansing cream

Skin Life Souffle cleansing eream (£2·10) from Helena Rubenstein is a biological cleanser recommended for women with dry or extra dry skins. Light and mint-tinted, this cleanser contains emollients and herbal extracts which proteet the skin's moisture and retone the skin to its proper balance. (Helena Rubenstein Ltd, 31 Davies Street, London W1).

Electrical

Introduced by Ronson

The family hairstyler (£7·97) from Ronson aimed at the home hairdressing market is in ivory, with silver coloured trim. It weighs 10 oz and combines warm air brush, comb hairstyler and dryer.

Also new from Ronson is a rechargeable shaver, the RS 751 (£13·97) which features the Ronson shaving system plus an extra-

wide 36-blade cutter, stainless steel foil and Super trim. It has cadmium cells and a newly-developed motor. Styled in dark blue, the RS 751 is available is two models: the standard model in a presentation case (£13·97) and a de-luxe version in silver-grey lined, zip-fastened pack (£15·45). Both models are supplied with a protective sleeve for carrying the shaver without its recharging unit. Deliveries of shavers to the trade commence January 1 (Ronson Products Ltd, Leatherhead, Surrey).

Over the counter medicinals

Decongestant tablets

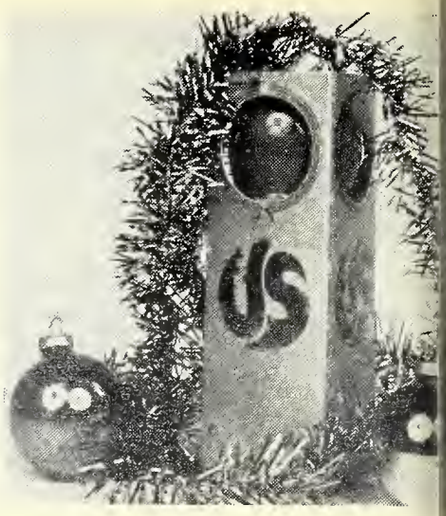
For the relief of nasal congestion in catarrh and sinusitis is the claim made for Cabdrivers nasal decongestant tablets (£0.18). Each tablet contains paracetamol 250mgm, salicylamide 150mgm, caffeine 30mgm and phenylephrine hydrochloride 5mgm. The pack is a carton of 12 tablets (Ford Jackson & Co Ltd, Castleford).

For hospital use

Glucose tolerance test

Pal-A-Dex is a newly released product to help with the administration of glucose to a patient undergoing glucose tolerance testing. Pal-A-Dex contains glucose and a natural lemon flavour is claimed to be pleasant to take and tolerated even by fasting patients and by pregnant women. It contains no caffeine or interfering substances and is not carbonated. It is presented in packs of 12 polythene bottles, each containing exaetly 100 g of glucose (£5·50 per pack). It can be stored at room temperature for an indefinite period. (Diamed diagnostics, 38 Queensland Street, Liverpool L7 3JG.)

More Christmas Gifts



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1. US herbal bath in gold window box £0·47. **Johnson Wax Ltd,** Personal Care Division, Fimley Green, Surrey.

2. Badedas gift packs, 10 bath £0·96, 25 bath £2.15, 75 bath £5·25. **Cussons Sons & Co Ltd,** Kersal Vale, Manchester.

3. Elnett satin hairspray gift packs, 245g £0·72, 130g £0·50. **L'Oreal** 18 Bruton Street, London W1A 1BX.

4. Sandrine talc and mini spray £1·85, talc and perfume £1·35, talc and toilet water £2·30, perfume £2·40, £0·65. **Golden Ltd,** 18 Bruton Street, London W1A 1BX.

5. New Dew in Christmas sleeves for bath oil and foamy bath essence. **Crookes Anestan Ltd,** 1 Thane Road West, Nottingham.

6. Shower and boudoir hat with removable plastic lining £0·75. Cosmetic purse and hairbrush set £0·89. **Jackel & Co Ltd,** 56 Wigmore Street, London W.1.

7. Travel jewel case by Castlecrafts £1·50. **Jackel & Co Ltd,** 56 Wigmore Street, London W1.

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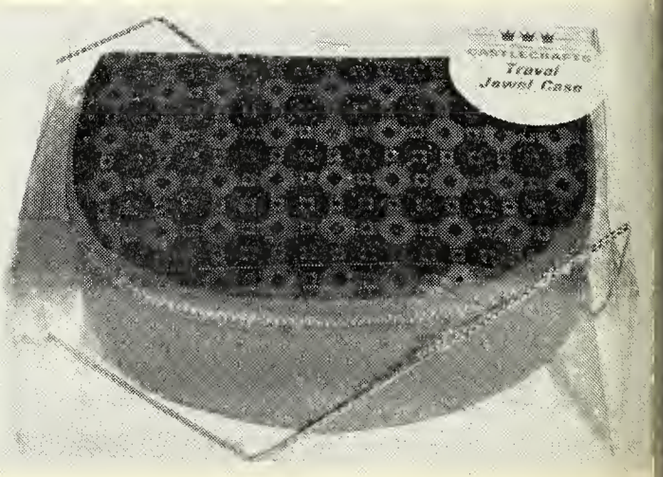

7

Prescription specialities

Eskacef capsules and suspension

Manufacturer Smith, Kline & French Laboratories Ltd, Welwyn Garden City, Herts.

Description Orange/white capsules each containing cephradine 250mg and orange capsules each containing cephradine 500mg. Dry mix for reconstitution with 65 ml water to make suspension each 5ml containing cephradine 125mg (orange flavoured) or 250mg (fruit flavoured)

Indications Treatment of infections in the genitourinary, gastrointestinal and respiratory tracts; and in skin and soft tissue infections caused by susceptible organisms

Contraindications Hypersensitivity to cephalosporins

Dosage *Adults*: For genitourinary tract infections, 500mg 4 times a day; severe or chronic infections may require larger doses. Prolonged intensive therapy is needed for complications such as prostatitis and epididymitis. For respiratory tract infections, 250mg 4 times daily. For gastrointestinal tract infection, 500mg 3 or 4 times daily

Children: 25-50mg/kg/day total given in four equally divided doses. Maximum daily dose of 4g per day

Precautions Care in patients with hypersensitivity to penicillins, renal impairment and in pregnancy

Side effects Mild gastrointestinal disturbances and, on occasion, hypersensitivity phenomena

Packs Of 20 capsules, 250mg (£2·81 trade) and 500mg (£5·53), 100 capsules, 250mg (£13·50) and 500mg (£26·65). 100ml of suspension, 125mg/5ml (£1·40) and 250mg/5ml (£2·81)

Supply restrictions TSA

Issued November 20, 1972

Corrections

Two prescription specialities in last week's issue were wrongly titled due to printing errors. They are BC 500 tablets and Portagesic tablets.

Promotions

Media support

The current advertising campaign for Chantilly perfume includes full colour spaces in *Vogue, Cosmopolitan, Honey, 19, She, Sunday Times* magazine and *TV Times*. Other Houbigant perfumes being promoted at present are Quelques Fleurs and Indian Summer (Houbigant Ltd, Salbrook Road, Salfords, Redhill, Surrey).

Backing for Macleans

Beecham are currently spending £160,000 on television advertising for Macleans Freshmint toothpaste. The campaign, which started last month, consists of three 30-second commercials a week until mid-December. They are also spending £50,000 on press advertising for White Fluoride Macleans, which will include 35 whole-page colour advertisements in leading women's magazines (Beecham's toiletries division, Beecham House, Brentford, Middlesex).

Winter advertising

Lippa Newton, the agency recently appointed by Radiol Chemicals to handle the Radian-B account, has developed a new slant for the product's advertising. Radian-B is now concentrating its message on the problem and relief of the chain reaction of rheumatism. The campaign will run in newspapers, including the *Sun, Daily Mirror* and *TV Times* (Radiol Chemicals, Stepfield Witham, Essex).

£200,000 campaign

The first burst of the £200,000 television advertising campaign to support Alberto balsam, a new creme rinse conditioner from the Alberto-Culver company, begins on November 20. The 30-second commercial will feature a hairdresser explaining to the audience how Alberto balsam works on a woman's hair (Alberto-Culver Co, Culver House, 44 Newington Causeway, London SE1 4DX).

Alka-Seltzer and Henry VIII

Three new TV commercials are being used from November 20 to promote Alka-Seltzer. The campaign, which will be shown nationally until the end of the year, consists of one 30-second and two 7-second commercials. The theme will be Henry VIII. (Miles Laboratories Ltd, Stoke Court, Stoke Poges, Bucks).

Christmas build-up

Weil De Weil from Parfums Weil of Paris will be advertised in 28 evening newspapers throughout the UK on December 5 as part of their pre-Christmas publicity campaign. It will further be publicised in the December issues of leading magazines. Purchasers of Weil De Weil will be given a handbag size ¼fl oz Weil De Weil Parfum de Toilette free until Christmas (E. G. Perrot & Co Ltd, 160 Thames Road, London W4 3RG).

Shulton's Christmas plans

The biggest ever television campaign for Old Spice broke on all stations this week and will continue over the entire network until Christmas. Shulton are spending £200,000 which includes a 30-second spot using the theme of the sea and the slogan "Old Spice—the mark of a man", plus 7-second spots featuring the gift packs. (Shulton G.B. Ltd, 100 Brompton Road, London SW3).

Hairdressings packaging

All three products in the new Vaseline men's hairdressings range are packed in deep blue containers with red and white lettering. The hair tonic bottle is a curved shape with a grooved cap for easy holding while the hairspray and conditioner is in a blue aerosol pack and the hair cream and conditioner is packed in a plastic tub-

type container with inner drip tray.

Two counter units, a dump bin, crowners for each product, window stickers, shelf talkers, printed sellotape and a Vaseline hairdressings showcard are all available. A trade pack containing eight of each size hair cream, six 50cc hair tonics and ten 100cc hair tonics plus six hairsprays will be made available in December.

Advertisements for the range will appear from January until March in the *Daily Mirror*, the *Sun* and the *Sunday People* as well as *Reveille, Weekend* and the *Readers Digest*. The company are also planning to give away 4½ million 5p off coupons in the Autumn issue of *Drive* magazine (Chesebrough-Pond's Ltd, Victoria Road, London NW10).

on TV next week

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann, CI = Channel Islands.

Alka-Seltzer: All areas
Alpine Spring (bath additive): So
Askit powders: Sc
Beecham's powders: All except E
Tom Caxton home brew: All except Sc, U, G
Close up: All except E
Faberge: Ln, M, Lc, WW, So, A, We
Falcon: Ln, M, A
Lux soap: All except E
Menthalin: All except E
Old Spice: All areas
Oriental Spice: So
Philips-Philishave: All except E, CI
Remington shavers: All except E
Signal: All except WW, E
SR: All except E
Sunsilk hairspray: All except E
Sunsilk shampoo: All except E
Three Wishes: All except E
Venos cold remedy: All except E
Venos cough mixture: All except E
Viking Brews: M, Y, Sc, WW, So, NE, We

When your customers take the waters you take the profit.

With the current interest in health foods it makes even more sense to stock a complete range of natural mineral waters.

Your customers can find the water they prefer, and you make more profit.

Vichy Celestines: Vichy water is renowned as an aid to digestion and treatment of disorders of the biliary tract. Its pleasant taste makes it an ideal table water.

Contrexeville: Contrexeville has remarkable diuretic properties due to a very high calcium sulphate content. Its action assists in purifying the bloodstream, and so helps to ease the ill effects of rich and fatty foods.

Evian: From the French bank of Lake Geneva – a still water of complete purity, widely used for mixing baby foods.

Spa: A pure, still table water from Belgium and comes in a giant 1½ litre bottle It is the spring water with the lowest salt content, thus making it ideal for salt-free diets.

Four great names, all of them available from Schweppes (Agencies).

For further information give John Bird a ring on 01-720 3245

SCHWEPPES (AGENCIES) LTD.,
Silverthorne Road, South Lambeth, London, S.W.8.

Schweppes (Agencies) Ltd., for waters of taste.

NTO EUROPE

AGREED COLOURS FOR COSMETICS

y Dr Goswin W. van Ham, research and development, Margaret Astor .G/Beecham European division*.

Vith the United Kingdom's decision to in the Common Market as a full mem- er, new opportunities in business ex- ansion in the cosmetic field will open up.

To be able to fully profit from this new tuation, it is necessary to be familiar with e legal aspects governing product com- osition. In cosmetics, for instance, colour one of the most important ingredients, erefore knowledge of the main regula- ons ruling in this field in Europe must e considered a vital part of any strategy esigned for future expansion.

This paper does not dwell too much on e historical, judicial or philosophic back- round of the various colour regulations in fferent countries, but intends to give ractical information, arising from the ob- gation to apply and consider national and pranational European laws in cosmetic search and development work.

In the cosmetic field practically all untries regulate the use of colour by law. ith one exception the principle of posi- ve lists is always preferred, that is to say ts which state what is permitted rather an naming the forbidden materials.

The basis for classifying dyestuffs how- er varies from country to country, as monstrated in the accompanying chart.

A German law of 1887 called *Farben- setz* (i) regulates the use of inorganic etal-derived pigments, either for colour- g or for use as active ingredients in smetics. This law is still in force; it is a pical negative list, stating which colours e forbidden.

The modern German *Farbstoffverord- nung* (2) of 1959 regulates the use of all kinds of substances for colouring foods in a positive list. These food colours are generally permitted also in cosmetics, in other words the colorants are defined by the finished product (for example food) into which they enter.

The third report on colours for cos- metics—*Mitteilung III* (3)—published by the Dyestuff Commission of the German Research Association is a positive list also, but contrary to the legal regulation men- tioned above, it is a very comprehensive list of various dyes *recommended* for use in cosmetics by a large group of experts like independent medical and chemical re- search workers from university and in- dustry. Here distinction is made by area of application and present state of toxi- cological and chemical knowledge.

The third report recognises three classes of colours, C-colours to be used in all cosmetic preparations including application near the eye, on the lips or mucosa, also inside the mouth. C-ext-colours for ex- ternal use on the skin and C-WR-colours which are external colours to remain only temporarily on the skin (for example in shampoos or soaps).

The list is revised and extended follow- ing regular yearly meetings of the Dyestuff Commission. Additives made as a result of the meetings have been certain United States permitted colours. Germany believes this type of open-positive recommendation are the best approach to regulating the cosmetic colours.

In the meantime, Yugoslavia intends to make the dyes of *Mitteilung III* part of its new cosmetic colour laws, of which "pro- posals for controlling cosmetic products" (4) were recently published.

In the US perfectionism seems to have reached its peak since each batch of cos- metic colours has to be approved and cer- tified by the Food and Drug Administra- tion. Among other factors "certification" requires filing of a petition for provisional listing as a colour additive (5), originally defined as a coal tar colour. So here the chemical source from which the colour was historically manufactured, has entered as a new method of definition. Further- more, non-certified or non coal tar colours are legally regulated and used, including such different substances as bronze powder and natural pearl essence, chlorophyll and carbon black, dihydroxyacetone and silk powder.

While the Netherlands permit among others, inorganic and organic pigments de- fined by the solubility (6), Switzerland (7) has chosen as a prerequisite for use the registration at its Federal Health Office.

European proposals

Plans for the harmonisation of legislation within the European Community have in- cluded recommendations on the use of colours, *Supplement III* and *IV* of the directive prepared by a working group of the Commission form the basis of the proposed European Regulation (8). The contents seem to be at least workable for the cosmetic industry.

The proposals for regulating cosmetic colourants are restrictive to those dyestuffs which come into contact with mucous membranes (C-colours, for example, for use in lipsticks, toothpaste, eye make up, inti- mate spray, etc.). The list of permitted colours is extensive, comprising about 80 different dyestuffs, among them about 50 in red, yellow and orange shades. In *Supplement IV*, there are about 30 more dyes provisionally listed for a period of use not extending over three years. After that time the cosmetic industry must pre- sent data concerning the need for and the physiological safety of such substances.

It seems there are three extensive legally

untry	*Authority*	*Type*	*Definition*	*List*
ermany	Farbengesetz 1887	inorganic, metal-derived pigments	chemically	negative
ermany	Farbstoffverordnung 1959	food colours	by finished product	positive
ermany	Third Report 1971	cosmetic dyestuffs	by area of application, toxicity, etc.	positive
ugoslavia	(Control Proposal) 1970/71	C colours—general use C ext colours—external use C WR colours—temporary use (ext.)		
nited States	Colour Additives Act 1938/1960	certified colours—coaltar Non-certified colours FDC-DC cosmetic general Ext DC external use	by chemical source, intended use by administrative qualification	positive
etherlands	Cosmetica Besluit 1968	insoluble pigments	by special chemical property	positive
itzerland	Eidgen. Verfügung 1967	cosmetic colourants	by administrative qualification	positive
EC	Supplement III 1971	cosmetic colours near mucosa	by area of application	positive
EC	Supplement IV 1971	Cosmetic colours permitted temporarily	by duration of permission	positive

bridged text of a paper presented to the Cosmetic Executives' Club, Eurocosmetic Conference London, September 19

relevant colour listings of special importance:

- ☐ *Supplement III* and *IV* of the proposed EEC regulations;
- ☐ Certified and non-certified US cosmetic colour additives;
- ☐ *Mitteilung III* of the German Dyestuff Committee;

Unfortunately, at present this is not sufficient. The European regulations are proposals which are not yet accepted by the European Council of the Ministers, let alone accepted or signed into law by the various national governments. In the meantime the draft directive has been submitted to the EEC Commission and was published as such last month. If accepted by the Council the proposed laws will be handed over to the different national governments to ponder and decide on them, which certainly will take a long time.

Situation in Germany

The present German situation seems somewhat symptomatic of the whole situation. Besides two clearly defined laws on dyes the *Farbengesetz*, (1) and the *Farbstoffverordnung* (2), the government food and cosmetics control agencies and laboratories use the information and data laid down in *Mitteilung III* as a basis for judging the acceptability of the colours in the various cosmetic preparations. *Mitteilung III*, however, is not law and not even an official government publication, but the defined and expressed opinion of acknowledged experts about the safety of certain dyes. This means that it is up to the cosmetic manufacturer to use other substances so long as he can prove their safety. This can be done, for example, with a BIBRA report or a US petition. However, this situation is unsatisfactory, because it is impossible to know beforehand how the existing data will be regarded by the authorities.

In order to end this uncertainty, and while still co-operating with the EEC, the German Government is preparing its own national cosmetic law (9) under which the colours will also be regulated by a positive list. It seems that the colourful picture of cosmetic colorants takes on a rather dull and grey hue through the looking glass of the legal documentation.

The proposed EEC regulations, however, give a hopeful outlook as Professor Druckrey of the German Dyestuff Commission has put it—"that the international harmonisation in the evaluating of cosmetic dyes and the preparation of international general principles becomes a desirable aim for all industrialised nations."(10)

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Tributes to Denver Rees on retiring

Mr Rees, second from right, receiving one of the gifts presented on behalf of Vestric and staff. Making the presentation is Mr D. W. Stainton, who has succeeded Mr Rees as branch manager, Vestric, Swansea. Also in the picture is Mrs Rees and Mr D. L. Taylor, branch manager, Rowland James branch of Vestric, Cardiff

Mr Denver Leigh Rees, FPS, branch manager at the Vestric branch at Hafod, Swansea, has retired after 37 years' service with Vestric and Evans Medical Ltd in Liverpool and Swansea.

At a party to mark his retirement, Mr Rees was presented with a silver salver and an onyx cigarette box and ash tray on behalf of the company and staff, by Mr W. A. Kinnear (managing director). Paying tribute to the "tremendous reputation" that Mr Rees had established during an outstanding career, Mr Kinnear said this had continued to grow during the past six years when Mr Rees had been manager at Vestric, Swansea, in his native South Wales.

Efforts for branch

Mr Kinnear said that Mr Rees would be remembered by many in the Pharmaceutical Society for his work for the Society, particularly for the Liverpool Branch when, during his term as secretary, the Pharmaceutical Conference was held in Liverpool. His contribution over many years to the Society had been recognised last year when he was awarded the Fellowship of the Society.

Mr R. L. Penhallurick, deputy chief pharmacist, Morriston Hospital and chairman of the Swansea and West Glamorgan Branch, Pharmaceutical Society then presented Mr Rees with a table lighter on behalf of the officers and members of the local branch. Mr Penhallurick also paid tribute to Denver's great service to the profession, and said that he had known him as a colleague at Evans Medical, had then worked with him at Vestric and more recently found himself in the position of being a customer. In all three roles he had found him to be charming, efficient and always helpful.

In his thanks Mr Rees said he was looking forward to the relaxation and contentment of retirement, but he would greatly miss his day-to-day work and the happy associations built up over the years with his many pharmacist friends.

Vestric's staff at Swansea had their chance to say farewell to Mr Rees recently when they attended a dinner and dance. Two of the junior staff presented a silver gallery tray to Mr Rees and a bouquet to Mrs Rees on behalf of the Swansea staff.

Assistant branch manager, Mr A. C. Curnock welcomed the guests. Among the speakers were Mr M. Davies, area organiser of USDAW and Mr C. Morgan, a Vestric representative.

Training

Mr Rees studied at Swansea School of Pharmacy before taking up his first position in retail pharmacy in 1929 working for the Swansea company J. T. Davies.

He joined Evans Medical Ltd in 1935 at the Liverpool headquarters and during his stay in Liverpool held the positions of secretary and treasurer of the Liverpool Branch of the Society and with the Liverpool Chemists' Association. He was chairman of that branch and president of the Association.

Comment

'AT about turn

ıen rejection had followed rejection and all efforts avoiding an injustice had apparently failed, the ıancellor of the Exchequer relented—or was nverted—and the reasonable request that the ›vernment should refund purchase tax paid on goods stock when VAT is introduced has now been agreed. at achievement is largely due to the persistence of ›se who represent retailers and especially those who ve spoken on behalf of pharmacists in general actice. They have repeatedly asked the authorities to consider their original attitude and continued to do when others had given up. Yes, Mallinson House n rightly claim much credit for the Chancellor's nversion.

How is this new approach likely to affect chemists? On the broad front it is likely to make more traders ıo were in the lower turnover bracket reconsider ıether to register with the Customs and Excise, pecially if they deal in goods that are subject to rchase tax. Non-registration, allowable if receipts e less than £5,000 a year, could carry the penalty non-reimbursement of purchase tax paid on stock held the changeover date, and the disadvantage of being able to offset VAT paid on goods and services ainst sales.

On the other hand, those who do not register are t required to adopt special book-keeping methods. The new opportunity of being reimbursed for their rchase-tax paid stocks could well increase the mbers who now wish to register and add to the stoms and Excise burden.

Pharmacists should therefore make sure that they not delay their registration applications. In fact me Custom and Excise officials have suggested that armacists should not wait until "their alphabet" is e but that they should ignore announcements and gister immediately.

armony

e report by a pharmacist in the Republic of Ireland the first impressions of the working of VAT in that untry (see page 779) makes instructive reading the British pharmacist.

Although there are important differences in the thod of application of the new tax there are common ominators, and with the advent of the UK and the public becoming members of the EEC at the same e, it must be important to consult and "harmonise" ıulations wherever possible.

One of several important differences between the tish and Irish taxes is the level of turnover above ich a business must register. In Britain, it is £5,000 ear while in the Republic, it is £10,000. The Pharmautical Society of Ireland, on behalf of its members been pressing for the ceiling to be raised for armacies.

Behind that request is the fact that so many of the armacies are small one-man businesses with no hope economically employing the clerical staff necessary eal with the extra paper-work the tax will involve. erwise it will inevitably be to the detriment of the public and to the pharmaceutical service provided. It seems, says our correspondent, there may be good hopes that the Government will agree to the chemists' suggestion and if so it could be unique in giving special government recognition to pharmacy.

The position in Britain is different. The regulations are so framed that it makes it almost imperative to register otherwise, as mentioned above, there will be no rebate on purchase tax paid on stock held at the start of VAT. Nor will those not registered be able to claim for the tax paid on all the goods and services making up his NHS business which, unlike the Irish counterpart, is zero-rated.

Training imbalance

To members of other professions, the way in which pharmaceutical students choose to be distributed in the different sections of pharmacy to undertake their preregistration training is a strange phenomenon.

Pharmacists are so familiar with the situation it merely provokes just passing acknowledgement, yet is there another profession that mutely accepts a situation where a large proportion of its future members are trained by just one company?

This year, of the estimated 730 students emerging from the schools of pharmacy, over 250 are participating in the training scheme arranged by the Boots organisation. Only about 10 per cent of the schools output are training in independent retail pharmacies, the remainder obviously will spend their year in hospital pharmacy, the schools or in industry and some will decide against tackling a preregistration year.

After consternation about the postgraduate year some three years ago the Pharmaceutical Society subsequently amended the by-laws to ensure that all those entering the Register have done at least six months training in hospital or retail pharmacy. Although this now ensures that a person legally in charge of a registered pharmacy will have some related experience during his training year the move has also provoked discontent in the pharmaceutical industry with companies saying they are losing applicants because of this statutory six-months "elsewhere". Some enlightened companies have now made exchange arrangements with hospital groups.

But generally a disproportionate situation persists with the numbers training in the different environments bearing little relationship to the number of pharmacists in those branches. The question no one has answered is does this state of affairs adversely affect the profession? It must and it would be more satisfactory if a more balanced situation existed. This is not to criticise the training provided by the Boots organisation in fact that should be praised. It has been a "sheet anchor" for the profession over a number of years.

In our columns one retailer has shown (p785) that the preregistration year yields advantages to the trainee and those who train. Others should act.

Letters

On paper and checks

When, some twenty-four years ago, the initial thrill/relief combination of becoming a member of the Pharmaceutical Society of Great Britain, abated, I did not have in my then wholly pharmaceutical thoughts, the tedious boredom of form filling at its present level. Apprenticeship had been well and truly served, the Society's examinations passed, and I started business with the aim in mind basically of dispensing medicines, and selling medicines with the benefit of the customer paramount.

At the inception of the NHS, the powers that were, took it for granted that any pharmacist's stock (paid for), would be immediately available to fill NHS scripts, and the pharmacists were paid on an average system, with any over payment fast recoverable, should any trace of the odd Lsd be noticed. Dead stock was of course forgotten, just as now it is forgotten to be remembered.

Why should we, or any other independent small retailers, be bedevilled with forms, Census of Retail Distribution, VAT, Customs & Excise, DDA checks, Weights & Measures, and so on, *ad infinitum*.

Keeping an eye on outdated stock, meticulously numbering EC10's and ensuring their arrival at the Pricing Bureau by the due date would surely satisfy those who seem to revel ridiculously in red tape; but alas we fill in more forms, and await the return of a document with the odd somewhat unnecessary red ball-point asterisks and what have you. Any ideas?

A. GOW,
Fortrose, Ross-shire.

NHS superannuation

As a General Whitley Council representative of Committee C of the Pharmaceutical Whitley Council and a member of the Joint Superannuation Consultative Committee, I have had many enquiries from hospital pharmacists requesting particulars of the new National Health Service Superannuation Scheme. It would be helpful if you would publish a statement on the lines of the enclosed copy as this will answer some of the questions put to me.

C. H. Preston Robinson
5 West Hill,
Mansfield, Notts

The Government Command Paper, No. 4755, entitled Strategy for Pensions issued August 1971 gave an outline of a State Superannuation Scheme which will come into operation on April 1, 1975. When this scheme comes into operation the present Graduated Pension Scheme will be discontinued, credit being given for any contributions paid into the Graduated Pension Scheme in the form of increased entitlement under the State Pension Scheme on retirement.

For the past twelve months, discussions have been taking place within the Joint Consultative Committee in order to bring the benefits of the NHS and local government schemes beyond the minimum requirements necessary for recognition. As a consequence of these discussions amendments to the National Health Service Regulations, 1961 are to be introduced.

The proposed *improvements* to the National Health Service Superannuation scheme were spelt out by Sir Keith Joseph in Parliament. They were as follows:

- ☐ Reduction of the qualifying period from 10 years to 5 years;
- ☐ Basing of benefits on final year's pay;
- ☐ Reckoning of service in years and days;
- ☐ Enhanced accrual rates for those who are forced to retire prematurely because of permanent ill-health;
- ☐ Half-rate widows' pensions;
- ☐ Higher rates of children's allowances;
- ☐ Immediate death cover on joining the scheme;
- ☐ Preserved benefits—with guaranteed inflation proofing—for persons leaving after 5 years' service payable at age 60;
- ☐ Extension of facilities for transferring pension rights on change of employment;
- ☐ Some relaxation of the rules governing the abatement of pension on re-employment;
- ☐ Extension of superannuation cover to certain part-time staff on an optional basis;
- ☐ A facility for purchasing added years by late entrants.

Contributions

The Staff Side of the Superannuation Review Body whilst welcoming the much improved benefits were then faced with a decision of the Health Departments that the benefits could not be given without a contribution increase of ¾ per cent a side. The Staff Side opposed this increase and was told by the employer's representatives that the talks on the entire package deal would be dropped if the planned ¾ per cent rise in contributions were rejected. Eventually, the scheme was accepted subject to the following proviso:

"That it was agreed that when the results of the investigations of the Scheme as at March 31, 1969 were available, the Joint Superannuation Committee, together with the Government Actuary (or his representative) and an actuary nominated by the Staff Side, should examine the position in detail to establish whether the contribution rate of 6¾ per cent for non-manual employees (5¾ per cent for manual employees) should be maintained or reduced."

The increased contribution rate became effective on October 1, 1972.

Some of the improvements are subject to retrospective application as follows:

- ☐ The changes in the basis of assessing retirement and incapacity benefits will be applied retrospectively to those who have retired on or after March 25, 1972.
- ☐ Consideration of the method of providing some form of back-service credit for the half-rate widow's pension has been deferred until the report of the Government Actuary is available. Whe agreement is reached then this agree ment will be applied retrospectively t the widows of all those who have re tired or died in service on or after Marc 25, 1972. Similarly the improved child ren's allowance will also be retrospe tive to March 25, 1972.
- ☐ The increased contribution will hav effect from October 1, 1972 and th other improvements to the scheme wi be effective retrospectively from Octo ber 1, 1972.
- ☐ The only exception to the arrangemen outlined in (c) is that because of th complications involved in introducin pensions for part-time employees t whom the scheme is to be extended o an optional basis it will not be possibl to bring this recommendation into effe before April 1, 1973.

In the report of the Joint Superannuatio Consultative Committee dated April 1972 it was stated that the changes pro posed in the report applied to members c the main NHS Scheme. The report the stated: The report of the Superannuatio Scheme Changes and Optants has just bee received and is now being studied by th staff side.

Oral syrups

I have just read the Xrayser colum Topical Reflections, and will endorse th fact that it is a simple matter to formula an oral syrup so that an addition of conveniently measured amount of water required.

Although now engaged in retail pha macy I was until a year ago involved i formulations of various syrups with a larg pharmaceutical firm. You will probabl appreciate that it is not always possible t formulate an antibiotic into a ready-pr pared, *palatable* product which is viabl for a reasonable period of time. Problem are immense to stabilise some products fo even six months—which is not a reasonabl shelf life.

The dry granule formulation is therefor a much more stable presentation, in whic it is also easier to produce a palatabl result. As every pharmacist must kno though, the basis of these granules is suga and I can assure you that very little chang in the preferred taste of a product is goin to be caused by the subtraction of thos extra few grammes of sugar which wi mean that a conveniently measurabl amount of water can be added.

While bragging that my old firm's syrup were all formulated so as to require th addition of 60mls of water, I do complai as a dispenser, that this figure is *not* clearl indicated.

Sylvia C. M. Harri
Richmond, Surre

US award for Kodak

Kodak XL movie cameras are among th recent award winners for the hundred mo significant new technical products of th year. The awards were made on the basi of technical importance, uniqueness an usefulness by thirty leading US scientist engineers and research administrators. Th awards are sponsored by Industrial Re search Inc.

Pharmacists' experience of value added tax in Eire

M. F. Walsh, MPS

lue added tax for pharmacists in com-nity practice in the Irish Republic ived on November 1. While it is far too on to assess its effect on the practice pharmacy, there is little doubt in the nds of those of us that have examined implications, that it will be far reach-—and even traumatic—for many phar-cists. And this was borne out by the ly reaction of a number of pharmacists h whom I discussed it; they all dis-yed an air of shock—almost of dismay t the complexities of the operation and the additional (unpaid) administration book-keeping inevitable for the rage one-man pharmacy which amount about 83 per cent of all pharmacies in Republic (as against 39 per cent in UK).

he introduction of this tax in Eire is the opinion of many, of a far more ous import than the advent of deci-lisation, for after all, the latter was more mechanical change while VAT affects whole system of pharmacy accounting well and, as I hope to show, calls into stion the whole attitude of Govern-t towards the profession of pharmacy.

estion of public interest

ld the public interest suffer as a result asking a pharmacist to spend far more more of his time on administration book-keeping rather than leaving him to his professional and statutory ies?

t was largely because of this serious giving, as to how the time of a phar-cist in his practice should be spent, t I think, impelled the council of the rmaceutical Society of Ireland, recently take up the matter with the Govern-t. Mr R. J. Power, who is president the Society, wrote to the Minister of ance (*C&D*, September 30, p481) as ows: "I am very concerned that the lication of VAT will adversely affect professional functions of the phar-eutical chemists keeping open shop for dispensing of prescriptions and the of poisons, because these activities uire, *inter alia*, the recording of tran-ions and the retaining of documents an extensive scale, etc."

e added "apart from statutory obliga-s, pharmaceutical chemists have an cal duty to protect the public from essive self-medication and the dangers drug misuse and generally to exercise atch-dog function in all aspects of lity and safety of drugs and medicines. president asked the Minister, that ing regard to manifold duties for the lic interest which the pharmacist must form and which did not confer on him economic reward, would he consider seriously making some special con-ion to pharmacists, without detrimental t on the revenue. Such a concession, it is now suggested might be to raise the ceiling of "turnover" below which pharmacists need not register at all.

It is understood that from the Minister's reply that this initiative from the Society that some recognition of the pharmacist's vital role in the Health Services of the State, may have succeeded. If it has, it will have been the first time that any special recognition to pharmacy was given by Eire Government. Perhaps we have in this initiative too, the possibility that our colleagues in the United Kingdom might pursue a similar line of thought and action in the application of the tax to pharmacy before it becomes effective in April 1973. Could we look forward to a unified professional approach to this and other problems in the broader context of pharmacy in the EEC? "Tis a consummation devoutly to be wish'd."

The 'VAT' as it applies in the Republic can be briefly described as follows. The pharmacist must charge his patients and clients the tax on anything he supplies to them, whether it be a prescription, a medicine, etc. at 5·26 per cent; and he must charge a tax of 16·37 per cent on other items (cosmetics, etc.) supplied by him in like manner.

From the tax collected he is allowed the VAT he himself has paid on most of the items and services he has purchased.

Many anomalies in its application are already becoming evident—indeed the definition of a "medicine" was far from satisfactory being defined as including "all medicines consumed orally and all medical substances for injection. It does include liniments, ointments, etc. but what about suppositories? It appears that the definition of a medicine incorporated in the (British) Medicines Act was unacceptable to the Authorities—it was too broad, it was alleged.

Some of the anomalies above-mentioned were that items not previously subject to the old wholesale tax are NOW subject to the higher (16·37 per cent) rate. They include antiseptics (Savlon, Dettol, T.C.P., Milton); disinfectants (Jeyes fluid); insecticides and rodenticides—has it come a luxury to rid the country of rats?—Also changed at the higher rate are medicated soaps, baby creams, paper handkerchiefs, face cloths, domestic pet foods, etc.

Veterinary products that were previously free of all taxes, under the old turn-over tax, are now subject to VAT at 5·26 per cent. Zero rated are feeding stuffs, compound feeding stuffs, mineral mixtures and fertilisers packed if supplied in units of 10kg.

Options for registration:

The average pharmacy will be obliged to register if its receipts are greater than £1,000 per month for any taxable period of two months. That is equivalent to £12,000 a year.

Any concession to pharmacy in the matter of annual receipts by raising the ceiling below which it would not be necessary to register is still said to be the best option for pharmacy.

I believe all preparations and drugs purchased rather than dispensed should NOT be included in the new VAT regulations.

There is still much argument about the relative merits of registering or not. Provided one has the option and this is something each pharmacist must decide for himself or herself. One great advantage of not being registered is that there is then no real responsibility to keep records, as I interpret the regulations; and having regard to the cost and time-consuming nature of that involvement many would, if they had the choice opt *not* to register. One local management expert has given it as his opinion that if a pharmacist has receipts of £2,000 or more per month he will need *also* to have a full-time book-keeper; a "luxury" few pharmacists afford. On the other hand Mr K. R. Rutter (*C&D*, November 4, p682) has said VAT has a number of advantages for the pharmacist in the UK which would be denied to him if he was un-registered, viz. he can claim rebates of tax already paid and if he decided to expand his practice he would be entitled to other rebates for work done (lighting, etc).

Summary

I hope it will be seen from my first impressions that the advent of VAT to the Republic of Ireland will have in the long-term a fairly significant effect on the practice of pharmacy; and such an effect will be more serious for the small pharmacy, which despite any special concession may still have to register under the present tax regulations. For the pharmacist who has previously had no detailed accountancy system in his practice it is especially onerous. The Pharmaceutical Society of Ireland although itself not directly involved, has taken steps to try and get some concessions for the pharmacist primarily in the public interest. It is hoped that our colleagues in the United Kingdom might take note of these developments and representations and even find it possible to benefit from them.

'Illegibility unpardonable'

If doctors knew that all illegible prescriptions were automatically referred to the local executive committee for action, and that some form of penalty would automatically follow, the consequences might be dramatic, suggests this month's *Practitioner*.

Old jokes about the illegibility of doctors' handwriting have assumed a sinister aspect since the introduction of so many potent drugs, the editorial maintains. "Yet the only people who are interested enough to protest about the dangers involved are pharmacists."

A worried pharmacist submitted a prescription to the publication, which is described as "utterly illegible".

NOTTINGHAM'S OLDEST PHARMACY CLOSES

Last month, FitzHugh and Carr, chemists, Nottingham closed their premises where the local citizens had been served for over three centuries. It was the last privately owned pharmacy left in the city centre. The property is due for demolition, thus one more historic pharmacy disappears although fortunately in this instance, not without trace.

Records of the pharmacy are preserved from 1820, when it was owned by one of Nottingham's illustrious public figures, Alderman FitzHugh, lord mayor of Nottingham, whose name is linked with many of Nottingham's charitable, educational and cultural events.

In pharmacy there is the FitzHugh prize given at the university; a legacy to the local branch of the Pharmaceutical Society and the beautiful gold chain of office donated by Miss FitzHugh, in memory of her father and to commemorate his services to his profession.

The pharmacy was built on the site of old dungeons attached to a jail house, complete with stabling and a network of underground passages. Its fascinating history covers over three centuries, with occupants from brothers to brothers. Prior to 1820 the premises were held by Williams and Williams, then Williams and FitzHugh. FitzHugh continued alone for a time before the business became FitzHugh and Carr. The final owners were George E. F. Burr and Mary A. Burr (a member of the Society's Council).

Many changes have taken place in the appearance of the pharmacy inside and out during its long history. The pictures here shown were taken during the last weeks of its life.

Old records

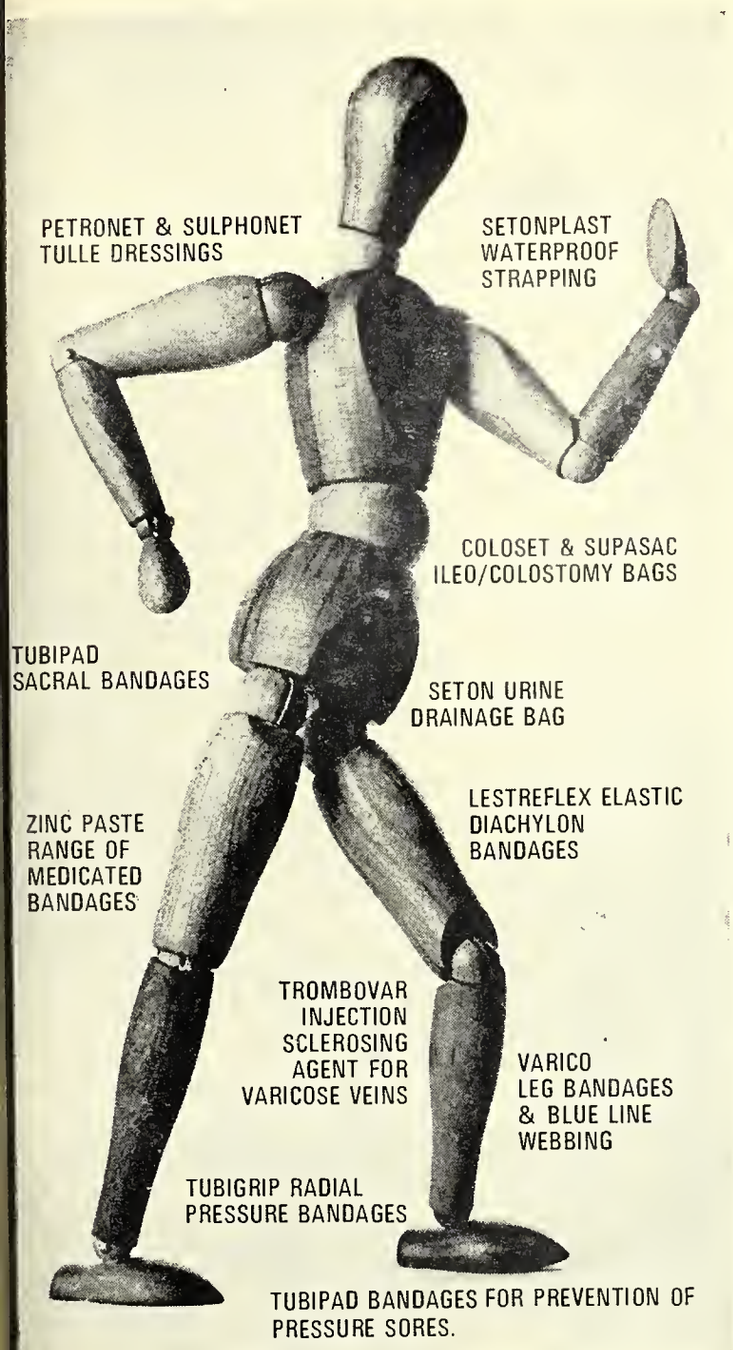
The old records and prescription books are in a remarkably good state of preservation. They contain an interesting collection of prescriptions written by eminent doctors of the day. The nostrums, "patents" and specialities of the pharmacy had not only a local, but worldwide popularity. Cedrol was exported extensively to Africa, whooping powder taken on a silver threepenny bit with a teaspoonful only of milk, Pectoral linctus, Fancotussin are but a few examples of prescribing and counter prescribing of the day.

The pharmacy with its magnificent mahogany fittings, crown glass, white and gold pillars, priceless carboys, shop rounds and unique brass facia were considered part of Nottingham's heritage. The owners and staff were proud to maintain the pharmacy in an immaculate state and gained the admiration not only of the local clientele, but many foreign visitors to the city.

It is fitting that the director of the city's Castle Museum has acquired the pharmacy fittings and equipment in order to reconstruct the old pharmacy within the castle. When completed this should be of great attraction to the visitors interested in pharmaceutical history, especially those attending the 1974 British Pharmaceutical Conference. Yet the real and lasting interest must be to the public it served throughout the many years.

So much is written today of public relations and welfare services, but the selfless, personal and individual service of which this pharmacy was typical has proved in the passage of time, to reap the greatest satisfaction and appreciation from those to whom the services were rendered.

The exhibit should provide a lasting reminder of those times and services.



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Hospital pharmacy forum

by a hospital pharmacist

Round the clock service

The possibly greater co-operation between general practice and hospital pharmacists, which was examined at the second professional session of the Keele Conference, left at least one member of the audience with the impression that some of the platform speakers had accepted invitations to present papers and then, when it was too late, found that they had little enthusiasm for their subject.

With one or two notable exceptions most of them were content to paint rosy pictures of what might be possible at some unspecified time in the future if and when certain hoped for reforms had taken place, eg when NHS patients registered with a pharmacist as they now do with a doctor. In consequence there was no real sense of urgency about the proceedings and in all probability most of those who took part will have forgotten all about it before these words appear in print.

Woolly thinking

The discussion on the provision of a round-the-clock pharmaceutical service revealed some particularly woolly thinking. One difficulty was the obvious confusion about the meaning of the term "pharmaceutical service". Those who put the general practice point of view tended to assume that the term was synonymous with a dispensing service and in consequence they confined themselves to possible ways and means to ensure that patients with prescriptions marked "urgent" by the doctor could get their medicines without undue delay at any time of the day or night. So far as one is aware there is no real demand for such a service either from doctors or their patients. By far the majority of the advocates of a round-the-clock dispensing service are pharmacists and for that reason the Department of Health, which will have to find the money to pay for it, is likely to harbour suspicions about their motives.

It cannot, of course, be denied that patients often find themselves in urgent need of treatment outside normal hours. We need not concern ourselves here with those who cannot sleep because of a bad cough and not wishing to disturb the doctor, would welcome an all-night pharmacy reasonably near at hand. If there was a demand for such a service, a free enterprise economy would have no difficulty in providing it, but when it came to the crunch we should probably find that most people would put up with their coughs rather than pay three or four times the day-time price for their bottle of cough mixture.

We are concerned here mainly with the patient who finds it necessary to call in a doctor outside normal business hours. In a real emergency the latter will almost certainly administer a suitable drug from the stock which he carries for use in such cases and which, incidentally, he is paid to carry. It is therefore most unlikely that the Department of Health would be willing to pay the pharmacist as well.

If pharmacists could argue that their professional expertise was needed, things might be rather different but in this day and age no pharmaceutical company would contemplate for one moment marketing a product for which the skilled intervention of a pharmacist was necessary before it could be administered to the patient. Much ingenuity goes into the formulation of medicines just in order to ensure that they can be issued in their final dosage forms and so obviate the need for pharmaceutical expertise.

The pharmacist who provided a round-the-clock service would therefore find that for most of the time he was occupied in taking the product ordered on the prescription from a shelf, all too often in the original sealed container in which it was issued by the manufacturer, and handing it over to the patient, or perhaps in some cases to the doctor. To keep a university graduate on duty all night simply to perform such trivial tasks would be difficult indeed to justify, and before very long even pharmacists themselves would begin to question the validity of the exercise.

Taking all things into account a round-the-clock dispensing service, except perhaps in a few very densely populated cities, could not be justified economically, especially when doctors are already paid to "dispense" and administer most of the drugs likely to be needed in emergency situations.

No demand

So far as the hospital service is concerned, there is virtually no demand at all for a round-the-clock dispensing service, even from pharmacists. In the majority of acute hospitals in England and Wales it has long been the custom for each ward sister to keep in stock a representative selection of pharmaceutical preparations which experience has shown are likely to be required in an emergency. The ward drug cupboard can therefore be likened to the general practitioner's bag and, for reasons given earlier, the specialist help of a pharmacist to prepare the drug for administration to the patient is rarely, if ever, necessary. Moreover there can be very few large general hospitals which are not in a position to obtain the services of a member of the pharmaceutical staff at short notice whenever his specialist knowledge is required in an emergency.

On the other hand it is possible to make out a good case for a round-the-clock pharmaceutical service in the larger acute general hospitals. In all probability this could best be achieved by the inclusion o a pharmacist, or possibly a pre-registratio student on the resident staff.

The resident pharmacist should live, ea and drink with his medical colleagues an like them he should be called from his be whenever pharmaceutical advice wa thought necessary. There should be n question of manning the pharmacy on round-the-clock basis and for that reaso it is not easy to see how hospitals can eve offer facilities for dispensing Nationa Health Service prescriptions outside norm business hours.

A pre-registration student pharmacis occupying a resident post would need t have telephone access to his more senio colleagues for use whenever he encounter ed a problem beyond his competence. Th very large majority of his fellow resident would be pre-registration medical student who were in much the same position. They however, will have had the great advantag that for the last two or three years of thei academic course most of their teacher have been actively engaged in the practic of their profession and therefore in position to ensure that their students hav a good idea of what the practice of medi cine involves.

Very few members of the teaching staf of schools of pharmacy have any recen experience of the practice of their pro fession, and many of them have neve practised at all.

As a result, certain pre-registratio students of pharmacy find themselves at considerable disadvantage compared wit pre-registration students of medicine whe they are brought face to face with the rea work-a-day world.

Childproof container shortage in US

An unexpected shortage of childproof con tainers has prompted the Food and Dru Administration (FDA) to delay quietly th deadline for safety packaging of aspirin "dangerous drugs" and certain liniments The notice, published without public an nouncement in the Federal Register, give the nation's 55,000 retail pharmacists unti January 22, 1973 to comply.

The original deadlines, based on a two year-old law, had been August 14 fo aspirin, September 21 for methyl salicylat and October 24 for 4,300 types of suc controlled drugs as amphetamines, bar biturates and narcotics.

FDA officials said a field survey unde way indicates that the packaging-suppl backlog may be even more extensive, an that the deadline might have to be ex tended also for manufacturers of bottle aspirin, the leading cause of child poison ings.

The delay now affects only retai pharmacists. Leonard Sisk, an FDA phar macist, said the shortage was compounde by pharmacists deciding to put all prescrip tions in child-resistant containers.

The FDA's slow enforcement of the 1970 Poison Prevention Packaging Act, designed to cut down on the 500,000 accidental poisonings that kill up to 500 children each year, has drawn frequent criticism from Congress.

CAREERS & EDUCATION

A fresh face with fresh thoughts appears every year'

y David Sharpe

omparatively few private independent retail pharmacists are willing to employ reregistration graduates and many reasons are given for not doing so. The uthor answers many of the problems that arise in employing a student

David Sharpe

etting to know of suitable applicants perhaps the easiest problem to overome as there are many lines of comunication open to both student and pharacist. The weekly professional journals, gether with direct communication with lleges offer the best chances; though e National Pharmaceutical Union, itish Pharmaceutical Students' Associaon and the Pharmaceutical Society can ten effect suitable introductions. Cerinly, a combination or use of all of ese channels has never left me with less an six applicants and often selection is e most difficult task.

n extra pair of hands

follows that the problem of conuity is not as great as is made out. verlapping for one month I have found not uncommon, but this invariably curs during the summer holiday months nen an extra pair of hands can be use-. A point to remember is that an unalified person assisting in the dispensary n leave at any time, but invariably a ident remains for one year.

The cost of employment is an imporit factor. A pharmacist must be dispens-g in excess of 2000 items monthly firstly give the student adequate dispensing ining and secondly because in any case this level a pharmacist should be think-g of employing an unqualified person to ist in the dispensary to enable him to e adequate supervision to the premises a whole. In certain parts of the coun-, the cost of employment is virtually same both for a "student" and "dispenser" and where this is so, I would have thought that an ideal opportunity exists. For those areas where there is a differential unquestionably some financial sacrifice would have to be made by the employer until such time as the Government see their way to subsidising training to some extent.

Having decided to employ a student, the initiation period of the first month requires goodwill on both sides. My present student has commented on the fact that at university he was pumped full of physiology, pharmacology, biological availability, etc, but he found on his first day in the pharmacy that he did not know what to recommend for the common cold! His last dispensing practical was 14 months before he joined me and that consisted of making suppositories and multiple dose injections.

It is a most sobering time for the student, because he realises that he has had no practical experience of dealing with patients and that dispensing is not purely a mechanical exercise. To the employer the first four weeks are difficult, because every move the student makes must be watched. However it soon becomes apparent that the discipline of three years at university has been effective, resulting in most students having tidy and receptive minds. Their ability to grasp new thoughts and methods, as well as to criticise those existing, is excellent. It should form the basis of an interchange of ideas and stimulate discussion as to the best mutual use of the student's time during the year.

The amount of responsibility to be given is a problem. It varies directly in proportion to the previous experience the student may have had in general practice pharmacy. Those lucky enough to have spent vacations within pharmacy or those with family connections in pharmacy have a distinct advantage. I would make a plea that every opportunity to familiarise students with general practice should be given *during* the academic training period.

A direct approach to retail

Would it not be possible for all the colleges to delegate a specific member of staff to be responsible for placing those students who wish to gain some initial experience? This staff member would have to make a direct approach to retail pharmacists explaining what was required at a personal level. A general appeal would fall on deaf ears, but time devoted to this work would be handsomely repaid by the student being able to relate theory to practice within the school of pharmacy. It would quickly become apparent to the student that there is a vast difference between an aseptic laboratory and a retail pharmacy but that there is a great deal in common as well.

General practice is not just counting

continued on p787

e two sections of Mr Sharpe's pharmacy

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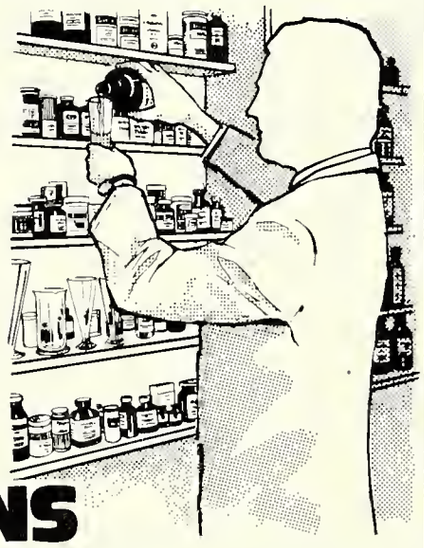

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CAREERS & EDUCATION

ntinued from p785

plets and selling cough sweets which me colleges lead their students to be- ve. Patients and their problems, staff ationships, medical representatives de- ling new products are just some of the eryday situations that involve *people* d must be dealt with on a "one-off" sis without clear cut rules laid down in textbook. At the same time, every pre- iption has to be scrutinised and checked en more thoroughly than within the con- es of a college. A mistake there can a loss of marks, a mistake in a phar- acy can result in a loss of life.

I think that a student's attitude to neral practice pharmacy can be easily luenced one way or the other during training year. It is essential that he is ly occupied not just with mundane ercises, but that he is allowed to pur- e, within reason, projects of his own.

oth of us benefit'

am purchasing an electric mixer/emul- er at the request of my present student, that we can formulate and prepare a all exclusive range of dermatological oducts for sale within our own phar- acy. Certainly, I on my own initiative uld not have contemplated such an dertaking because of the time factor in- lved, but here was an opportunity to monstrate to a newly qualified scientist at facilities do, or can be made to, exist use of his academic knowledge.

This is a prime example of two-way mmunication. He being able to advise on the most modern scientific techni- es available and I am able to advise n on the commercial applications. Both us benefit!

At the same time, the graduate must rn to deal with the everyday problems at occur, many of which require a back- ound of experience to solve. He must rn proprietary names, as in general only neric names are used within colleges; mmon ailments, their diagnosis and atment by simple remedies; when to fer patients to their doctor and, of urse, the biggest problem of all—inter- eting doctors' handwriting.

The student can and must learn as much ring this year as any year at college so at he does not finish his training with idea that the time was wasted and at retail pharmacy has nothing to offer entifically or culturally. Very few pri- te pharmacists can absorb newly quali- d pharmacists into their businesses but ind that one of the most appealing fea- es of employing "students" is that a sh face with fresh thoughts appears ery year.

They keep me on my toes and stimulate into substantiating with logical argu- nt, business and pharmaceutical pro- dures, that over a number of years I ve come to use without question. As a ult the business as a whole has bene- d on many occasions from the infu- n of new ideas and I am firmly of the inion that employing preregistration stu- nts is a positive advantage both to me d my business.

An internship for all?

Mr V'Iain Fenton-May, president of the British Pharmaceutical Students' Association, puts forward some personal views on utilising the young pharmacists' abilities to the full

The title of "an expert on medicines" is being used increasingly to describe the pharmacist, who is no longer merely the compounder of medicines but is becoming more and more a consultant to the medical profession and the general public.

The undergraduate courses equip students with all the theory of medicinal chemistry, pharmacology and drug interactions that is required. What is lacking is practical experience in these fields to bring the young pharmacist to deal confidently with the allied professions.

Under the present system the schools of pharmacy cannot supply this type of experience, it can only come as pre and/or postgraduate experience.

In order to define the nature of such experience we have to decide what the future of pharmacy is to be. There is no point in creating a need where one never existed. The pharmacist has to look for a position which requires his new knowledge as well as his traditional skills.

The situation was put into perspective by Sir Derrick Dunlop when he spoke to a postgraduate meeting at Inverness on September 30, he said: "It takes a medical specialist all his time to keep abreast of the therapeutic advances in his limited subject: it would take a remarkable doctor indeed to have more than a superficial acquaintance with such advances over the whole field of medicines".

Seeing medicines in use

This is where the pharmacist of the future must step in. Before he can do this he must not only understand the theory of chemistry and pharmacology of medicines, but must also have seen the compounds in action.

Until we can obtain a perfect medicine and a population free from biological variation the only way to fully understand the actions of drugs is to see them in use. But this will not suffice; the young graduate must also have the chance to discuss drug actions with prescribers.

The only way, as I see it, to achieve this result is to introduce an internship for all our young pharmacists in the teaching hospitals of this country. Such internships could be organized by regional pharmacists in close co-operation with the schools of pharmacy. This would give a "feed back" into the undergraduate courses—all schools should have a worthwhile practical connection with the hospitals.

It is recognised that this approach deals

V'Iain Fenton-May

with but one aspect of training. Xrayser (*C&D*, April 29, 1972, p592) after a similar proposition had been made at the BPSA conference wrote: "But to be registered in that way and to transfer to retail pharmacy with no experience in that field poses many problems. Personally, I should not feel easy in my mind if I left a registered pharmacy in the hands of one who had no experience in that field".

I do not suggest that one should be able to move from one field straight into full control of another without experience. It does not happen in medicine yet there are no laws against it and I see no reason why things should be different in pharmacy—there are just as many dangers involved to the public.

Matured to the full

To obtain greater job satisfaction and to serve the public, the young pharmacist's knowledge must be used and if it is only partly formed it must be matured till it is of maximum use.

Furthermore, the student pharmacist must still obtain experience in all the traditional aspects of pharmacy in its widest sense. We no longer wish to see analysis, microbiology, central sterile supply, radiopharmaceuticals, etc., being shipped out of the pharmacy department. If this, together with the newer concept of postgraduate training requires a longer period in which to train, so be it.

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The main Pharmacy is at King's College Hospital, a modern and well equipped department, in which are prepared tablets, galenicals, and sterile solutions. The other hospitals in the group provide excellent dispensing experience.
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Enquiries to the Chief Pharmacist.
Applications to the Hospital Secretary,
Denmark Hill, London, S.E.5. 9RS
quoting Ref. No. P.122

The University of Aston in Birmingham

DEPARTMENT OF PHARMACY

Head of Department: Professor M. R. W. Brown, M.Sc. Ph.D, F.P.S.

DEGREE COURSES

B.Sc. (Pharmacy) with HONOURS

M.Sc. by course work in Pharmaceutical Sciences

M.Sc. and Ph.D. - by research

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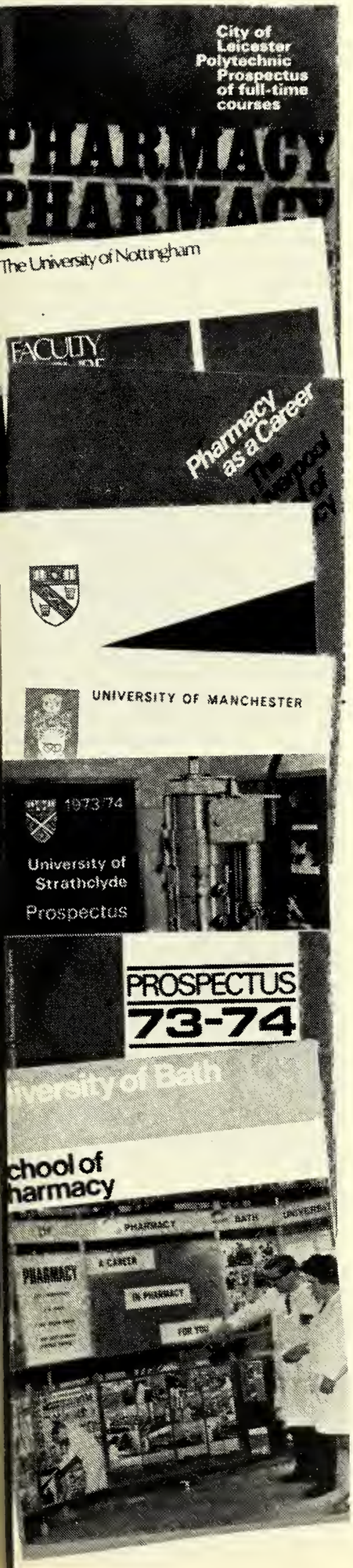
Enquiries and Prospectuses from:—

Head of the Department of Pharmacy,
UNIVERSITY OF ASTON IN BIRMINGHAM,
Gosta Green,
Birmingham B4 7ET Tel, 021-359 3611

CAREERS & EDUCATION



From college to practice

Aware that some practising pharmacists and students complain that the pharmacy course is too far removed from practice and is too "academic" C&D describes recent developments at schools of pharmacy that are intended to familiarise the student with conditions particularly in the retail and hospital environment.

For the final year at **Bath** University *all* pharmacy students both honours and non-honours are allowed a choice of subjects comprising about 150 hours of formal study. They also take pharmaceutics and pharmacology.

For those interested in hospital pharmacy a suitable choice of subjects might be for instance: "hospital pharmacy practice", together with two of the following—"aspects of pharmaceutical chemistry in quality control", "principles of medicine" or "sterilisation and control of asepsis."

The "hospital pharmacy practice" elective gives an outline of the structure of the service and relates it to the other departments of the hospital. The organisation and policy of a sound pharmaceutical service are dealt with in some detail and visits are made to selected hospitals.

Diseases of interest

The "principles of medicine" elective provides information for the pharmacy student on basic medicine. Diseases of current interest or importance are selected and their occurrence, aetiology, pathology, treatment and possible future developments in therapy are discussed.

There are visits to one of the large general hospitals in Bath which has a postgraduate medical teaching centre. Cases, selected to illustrate lecture material, are demonstrated to the students and afterwards a discussion is held.

This is popular both with students and with the clinicians, the latter being keen to teach and to have the opportunity to discuss the applied pharmacological aspects of their prescribing.

Staff at Bath feel that the course goes at least part of the way towards producing pharmacists who will feel at ease in discussing drug actious with clinicians.

For those students whose interests are directed more towards a career in general practice there is a "business policy and organisation" elective. The areas of merchandising, sales promotion, management and accounting included are designed to make students appraise the methods which they will adopt in their busineses.

A further part of the management course which students may select is aimed at industrial management.

"The social services" is the title given to a third year course in sociological studies. All students attend lectures on the Public Health Services (preventive and environmental): the care of the mentally handicapped and ill, mother and child services, the care of the school child and school leaver, family welfare, provision for the aged, etc. Group visits are arranged to local institutes working in these fields and similar groups discuss the visits. Each student is required to present a report on a selected theme.

In **Belfast,** the main intention is to integrate the course so that (especially in the final year) the student is able to gather together and co-ordinate all the pharmaceutical information gained, to give an overall picture of the requirements of pharmacy.

For example, dispensing runs concurrently with the course on pharmaceutical legislation. During dispensing, full use is made of the "practice of pharmacy laboratory" which contains a wide range of proprietary pharmaceuticals together with relevant literature.

Old EC10 forms supplied by the pricing bureau are used to give a more authentic environment. Before a student is allowed to dispense a proprietary he has to undergo a stiff oral test by a member of the pharmacology section who sits in on the dispensing practicals. Dosage, presentation, activity and side-effects are questioned.

During the final year six three-hour periods are set aside for mini-symposia in which specific topics are discussed by a number of specialists (in and outside the department) so that the student receives new and revision information on a single topic from all disciplines.

The topics for these mini-symposia this year include: Diabetes mellitus, drug or dietary control, eye preparations and the stability of pharmaceuticals (covered from all aspects from initial formulation to final quality control tests).

During the latter half of the final year, an elective topic on a specific aspect of pharmacy practice or research is carried out by each student. The dissertation submitted carries considerable weight in the assessment of the final degree.

The pharmacy staff at the University of Aston in **Birmingham** are redesigning the undergraduate syllabus, with the object of breaking down the traditional barriers that appear to exist in pharmacy teaching. They aim to integrate the three major academic areas of medicinal chemistry, pharmaceutics and pharmacology, particularly in the final year.

The integration will include present work

continued on p790

CAREERS & EDUCATION

continued from p789

on professional studies enabling the student to relate his purely academic material to his professional work.

Instead of him receiving three almost entirely separate lecture courses on the major disciplines, a particular area such as "infectious disease" will be taken and all the pharmaceutical, chemical and pharmacological aspects of the topic will be discussed.

Final year students receive a number of lectures on professional matters given by invited speakers. Small groups visit local hospitals by arrangement with consultants.

With the assistance of the local Pricing Bureau exercises are also given to students on prescribing patterns in Birmingham.

Visits to Europe

Early in the academic course the department introduces students to local retail and hospital pharmacists so that they can see how a pharmacy operates and relate course work to a professional situation. They are encouraged to visit their "pharmacist contact" about twice a term.

In recent years Aston has arranged visits to Europe to illustrate the practice of pharmacy in community, hospital and industrial situations in other countries. The department hopes to pursue this even more in the future with the imminent accession to the European Economic Community.

The University of **Bradford** offers degrees in pharmacy either by three years of continuous academic study or through a sandwich course with two six-month periods of integrated practical training. The latter course ensures that students have an awareness of the practice of pharmacy before coming to the end of their course. Cooperation and mutual interchange of information between the academic staff and the retail, hospital or industrial tutors is enabled.

In both types of degree, topics are introduced into the academic course to enhance the students' knowledge of the pharmacist's role in society. In the first year, lectures of a vocational nature are given by specialists on topics such as career patterns in the various branches of pharmacy, the structure of governmental, voluntary social and health-related services and health education.

In the second year of the continuous course and fourth year of the sandwich course initiative is encouraged by means of study of topics by small syndicates of students, each syndicate being allowed several weeks to prepare a review of the literature which is subsequently presented to a larger group of students and staff.

Pharmacological instruction includes lectures by clinicians and attendance at doctors' surgeries and hospital wards.

The final years of each course include detailed lectures on administration, organisation and management functions involved in retail, hospital and industrial pharmacy. Instruction on pharmaceutical systems in other countries completes the study.

Brighton revised and remodelled its course last year with the intention of "providing a better basis for the graduate's life work". Clinical aspects of pharmacology are now taught more extensively and the college has a panel of medical experts who are to give lectures.

In some cases students will attend a local hospital where consultants will discuss actual cases in the presence of the patient. In the skin department of the hospital special slides will be shown by the consultant and first hand experience of methodology and treatment will be talked about at length.

"Modern dispensing" classes, in which the student is required to dispense items with full observance of legal and ethical conditions applying in practice, will be supplemented with dispensing seminars where all aspects of the preparation, presentation and usage of medicaments will be discussed with internal and external supervisors.

Instruction in business and management studies at Brighton will continue to provide a basis for membership of the Institute of Pharmacy Management.

At **Cardiff** in the third year a student may choose to study mainly in a single area of pharmacy (eg pharmaceutics, pharmacology) or follow a wide based course in "community pharmacy".

In the fourth year at the University of Strathclyde, **Glasgow,** emphasis is placed on disease processes and the actions and uses of drugs in disease. Contact with general medical practitioners is arranged to give the student some practical experience and to facilitate communication between the two professions. Advanced teaching is also concerned with the experimental methods used for testing the activity of new drugs.

Realism in the training

At **Leicester** visits to pharmaceutical and other industrial companies form an integral part of the course.

To impart realism to their training final year undergraduates spend several periods at the Leicester Royal Infirmary under the direct supervision of the chief pharmacist and his staff. Experience in the sections devoted to sterilisation, manufacture and general dispensing is included.

As in other schools of pharmacy **Liverpool** first-year students are assigned to practising retail pharmacists, who allow them to visit their pharmacies to obtain an insight into professional practice.

At the end of the first and second year all undergraduates are expected to obtain experience of working in a branch of pharmacy for at least six weeks, in a retail establishment for one vacation and hospital for the other.

Again visiting lecturers provide in the final year complementary information on clinical pharmacology in addition to information already provided by the school's staff. In some cases human pharmacology practicals are conducted.

Final year students at Brunswick Square, University of **London,** can opt for a course based on applied pharmacology, as distinct from the more experimental studies that have until now characterised the subject. It is a joint course with St Bartholomew's Hospital medical college and concer pharmacology especialy in its relation clinical usage and metabolism of drugs.

Particpants attend lectures both at t school of pharmacy and at "Barts". T new option enables greater emphasis to given to: Drug metabolism and the effe of other drugs and diseases on metabo processes, unwanted drug effects such toxicity; human pharmacological te niques; the design and management clinical trials and the clinical uses of dru

All students at the "Square" are pected to undertake four weeks of wo in some branch of pharmacy during t first and second long vacations. In the fi year they usually work in retail or hospi and in the second year in hospital industry. The idea is that the student a proaches the third year with some fir hand knowledge of the scope of prof sional responsibilities.

The school of pharmacy at Chels **London,** has this year introduced a n section into the syllabus intended to d with the practice of pharmacy. The secti will look at the use of drugs in hospi and general practice and also at the pr lems of administration and manageme in the production, distribution and reta ing of pharmaceuticals.

It involves hospital visits and lectu by experts in hospital practice and mana ment studies.

In each of the two summer vacations the course, **Nottingham** students take te porary posts in some branch of pharma Although the department finds suital posts, students are at liberty to take appropriate work of their own choice.

An unusual feature of the departme is its use of lecturers from pharmaceuti industry and research institutes for speci ised courses in connection with the thi year of the honours degree. The subje dealt with in this way are antibioti immunology, immuno-suppressive dru and anti-inflammatory agents.

An experiment in examinations

Nottingham has recently completed a thr year experiment in the area of examir tions and will shortly be assessing t results.

Undergraduates at **Portsmouth** inter ing to enter retail practice are advised take the course in pharmaceutical admi stration. Subjects include the responsibilit of the manager and his role in the recru ment, selection, training and education staff; legal aspects of retail practice su as contracts, the Shops Act, Trade Descri tion Acts; finance and costs includi balance sheets, profit and loss accounts a budgets; business control including so basic economics, stock records and contr provision of facilities, site selection, pr cess planning and the design of the mode retail pharmacy; organisation of the ph maceutical industry, costs of productio and "break-even" concept, and costs National Health Service dispensing.

To augment the formal teaching of t subject matter, students are required write a dissertation on a selected topic pharmaceutical administration.

Market News

ARP ADVANCE IN TMEG PRICES

on, November 15: During a week in h there were few features, West n nutmegs were sharply advanced. 80's were up by nearly £100 a ton other grades by a proportionate unt. Cape aloes continued to firm he Curaçao eased further for ship-. American lobelia, senega, white l, gentian and some aromatic seeds up. Menthol from China was slightly while the Brazilian appeared to w the same trend. Any big orders ver could soon reverse the position, s thought.

uador is reported to have started to rt the extract obtained from the s of the floripondio or guanto tree *ura sanguinea)* which grows only in Ecuadorian Sierra and contains cine.

hong essential oils Brazilian pepper- was dearer on the spot reflecting ht position. Bourbon geranium and lian bois de rose were not quoted he spot but there was a parcel of latter in the afloat position.

maceutical chemicals

th salts: £ per kg.

	12½-kg	50-kg	250-kg
nate	5·38	5·20	5·15
late	4·53	4·30	—
llate	4·83	4·60	—
rate	4·87	4·65	4·60

ine: BP is £297 metric ton for 250-kg lots. **lum bromide:** 5-g lots £3·20 g. **ne:** 5-kg lots hydrochloride £335 kg; bismuth £200.

Anaesthetic BP—2-litre bottles £0·91 each der 350 litres; £0·85 each for over 350 litres; e drums £0·31 litre for 350-litre lots. Solvent er metric ton in drums from £333 for 50-kg 16-kg drums down to £318 in 130-kg drums. **s fumarate:** £0·50 kg for 50-kg lots. **s gluconate:** £628 metric ton in 50-kg lots. **s phosphate:** In kegs £0·46 kg. **gen peroxide:** 35 per cent, £149 metric ton. **hosphites:** £ per kg.

	12·5 kg	50 kg
m	1·14	1·06
	2·35	2.27
sium	1·98	1·87
ium	1·57	1·45
n	1·27	1·17

mmonium sulphate: 100-kg £0·20½ kg. **and ammonium citrate:** (per metric ton) es, 50-kg lots £650 1-ton £620. Scales 50-kg 1-ton £790; green £830. **hosphate:** £493·50 metric ton for 50-kg lots. **naline sulphate:** 5-kg £16·50 kg. : BP is £66 per 1,000 kg in sacks. **tamol:** 1-metric ton lots £1·17 kg; 5-ton kg. For direct compression £1·27 and £1·24 pectively. **arin:** BP powder 1 lb and over £0·85 lb, e £0·77½. **amide:** (Per metric ton) 5-ton lots £700; £710; 500-kg £720. **eol:** 50-kg lots £0·47 kg. **omine:** Alkaloid 100-kg lots £2·30 kg. **arbonate:** BPC 25-kg sacks £0·26 kg. **hloride:** Granular 96-98% £135 metric ton. **ulphate:** Heptahydrate £52 metric ton.

Crude drugs

Aloes: (metric ton) Cape primes £340 spot; £315, cif. Curacao £740 spot; £675, cif.
Balsams: (lb) Canada £2·15 spot; shipment £2·10, cif. **Copaiba:** BPC £1·25. **Para:** £0·40. **Peru:** £1·17, £1·12, cif. **Tolu:** BP £0·70.
Benzoin: BPC £40 to £42 cwt spot; £37-£40, cif.
Camphor: BP natural powder £1·05 kg spot; £1·00 cif. Synthetic BP £0·57 kg in 500-kg lots.
Gentian: Root £490 metric ton spot; £480, cif.
Lobelia: American herb £780 metric ton, cif.
Menthol: (kg) Chinese spot £6·90, shipment £5·85, cif. Brazilian spot £3·90; shipment £3·85, cif.
Nutmeg: (Per ton, cif). Grenada: 80's £672; sound unassorted £560, defectives £504, all fob.
Pepper: (ton) Sarawak black £577·50, cif; white £395, cif.
Podophyllum: Emodi £350 metric ton cif (new crop).
Senega: Canadian £1·80 lb spot; £1·70, cif.
Squill: White spot £320 metric ton, £270, cif.
Seeds (ton) Anise: China star £175, spot; shipment £125, cif. **Caraway:** Dutch ex wharf £1,060, virtually unobtainable. **Celery:** Indian £300; shipment £265, cif. **Corlander:** Moroccan £80, cif. **Cumin:** Indian £325, cif. Chinese £275 metric ton, cif. **Dill:** Indian, for shipment £140, cif. **Fennel:** Indian £200, cif. Chinese £220 metric ton. **Fenugreek:** Moroccan £69, cif. **Mustard:** £60-£120 spot.

Essential and expressed oils

Almond: Drum lots £0·61 kg.
Amber: Rectified spot £0·29 kg.
Anise: Chinese £1·55 kg spot; £1·50, cif
Bay: £8 kg spot.
Bergamot: £9·35-£14 kg as to grade.
Birch tar: Rectified £2·53 kg.
Bois de rose: Afloat £4·20 kg, cif.
Buchu: English distilled £210 kg.
Cade: Spanish £0·50 kg.
Cajuput: £0·84 kg on spot.
Camphor white: Spot £0·40 kg; £0·34, cif.
Cananga: Java £5 kg, cif.
Caraway: Dutch £7·50 kg; English £21·50 kg.
Cardamon: English distilled £50 kg; Indian £46·50.
Cassia: Chinese £2·30 kg spot.
Celery: English £26 kg; Indian £19.
Cedarwood: Rectified £1·25 kg.
Chenopodium: BPC 1959 £7·67 kg.
Cinnamon: Ceylon leaf £1·27 kg, spot and cif. Seychelles leaf rectified £3, cif. Bark, BP £2·20 English distilled bark £88.
Citronella: Ceylon spot £1·18 kg; £1·07, cif. Chinese £1·30 spot; £1·25, cif.
Clove: Madagascar leaf £1·11 kg; £1·10, cif. English distilled bud £17·60. Stem £5·50 kg, cif.
Cod-liver: BP in 45-gal lots £28·80 naked.
Corlander: £8·80 kg spot.
Cubeb: English, £13·50 kg.
Dill: £5·39 kg spot.
Eucalyptus: Chinese 70-75 per cent £0·85 kg spot.
Fennel: Spanish sweet £2·09 kg.
Geranium: (kg) Bourbon not quoted. Congo £14.
Ginger: English distilled £40 kg; Indian £16·50.
Juniper: Berry £3·08 kg; wood £0·55.
Lavandin: £2·76 kg spot.
Lavender: French from £4.70 kg.
Lavender spike: From £2·35 kg spot.
Lemon: Sicilian top grade £10·45 kg c and f; second £8·25.
Lemongrass: £2·20 kg spot; £2·15, cif.
Lime: West Indian £7·45 kg spot; £7·15, cif.
Mandarin: £5·50 kg spot.
Nutmeg: East Indian £4·95 kg. English distilled from West Indian £12, from E Indian £13·15.
Olive: Spanish £415-£424 metric ton, cif; Tunisian £400-£410, cif. Spot duty paid £470-£480.
Orange: Sweet from £0·46 kg spot; bitter from £0·15.
Origanum: 70% £3·40 kg; 30 per cent £1·54.
Palmarose: £7·15 kg spot, £7, cif.
Patchouli: Spot £7 to £8 spot and cif.
Pennyroyal: £2 kg, new crop.
Pepper: English distilled ex black £35·50 kg.
Peppermint: (per kg) Arvensis Chinese, spot £4·25; Nov-Dec £2·75, cif. Brazilian £1·65 spot; Jan-Feb £1·60, cif. American piperata from £1·60.
Petitgrain: Spot £4·20 kg; shipment not quoted.
Pimento: Berry £4·90 kg; leaf £4·25.
Pine: (kg) Abietis £3·75; pumillonis £6; syvestrie £1·82.
Rosemary: Spanish £1·90 kg, scarce.
Sage: Spanish £2·09 kg.
Sandalwood: Mysore spot £13·50; East Indian for shipment £13·40 kg, cif.
Sassafras: Spot £0·54 kg.
Spearmint: American £4·40 kg spot.
Thyme: Red £2·82; white £2·85 kg.

Coming events

Monday, November 20

Harrow Branch, Pharmaceutical Society, Northwick Park Hospital, Watford Road, Harrow, at 8 pm. Dr J. M. Gumpel (consultant rheumatologist, Northwick Park Hospital), on "Drugs in the treatment of rheumatism".

Federation of South-eastern Pharmacists, National Pharmaceutical Union, The Beach Hotel, Marine Parade, Worthing, at 8 pm. Annual general meeting. Mr A. Howells (member of council and NPU executive committee), on "Current pharmaceutical affairs".

Tuesday, November 21

Fife Branch, Pharmaceutical Society, Ollerton Hotel, Kirkcaldy, at 7.30 pm. Mr S. Wozniak (Chief pharmacist, Milesmark hospital, Dunfermline), Mr D. Bolton (deputy pharmacist) and Mr A. C. Galloway, on "Ward pharmacy in Fife hospitals".

Herefordshire Branch, Pharmaceutical Society, Green Dragon Hotel, Hereford, at 7.30 pm. Annual general meeting and films by Roche Products Ltd.

Isle of Thanet Branch, Pharmaceutical Society, Endcliffe Hotel, First Avenue, Cliftonville, at 7.45 pm. Illustrated talk by Mr G. Williams on "Heraldry".

Leicestershire Branch, Pharmaceutical Society, Postgraduate Medical Centre, Leicester Royal Infirmary, at 8 pm. Branch meeting.

West Kent Branch, Pharmaceutical Society, Wellcome Research Laboratories, Langley Court, Beckenham, at 8 pm. Mr T. P. Astill (deputy secretary, NPU), on "VAT—Tax without tears".

Wednesday, November 22

West Division 2, National Pharmaceutical Union, Lecture Theatre 'K', Applied Science Building, University College of Swansea, Singleton Park, Swansea, at 8 pm. Mr T. P. Astill (deputy secretary, NPU), on "VAT".

West Hertfordshire Branch, Pharmaceutical Society, Harperbury Hospital, Shenley, Radlett. Branch resolutions meeting.

Thursday, November 23

Aberdeen Branch, Scottish Pharmaceutical Federation, Station Hotel, Aberdeen, at 8 pm. Mr W. Crawford (surveyor HM Customs and Excise, VAT Office, Aberdeen), on "VAT".

Bradford and Halifax Branch, National Pharmaceutical Union, Midland Hotel, Bradford, at 8 pm. Mr D. Royce (member of the executive committee, NPU), on "A voluntary trading organisation for pharmacy".

Bristol Branch, Pharmaceutical Society, Dyrham Lodge, 16 Clifton Park, Bristol, at 7.30 pm, joint meeting with the NPU. Dr T. D. Whittet (Chief pharmacist, Department of Health and Social Security), on "The Medicines Act".

Liverpool Branch, Pharmaceutical Society, School of Pharmacy, Liverpool Polytechnic, Byrom Street, Liverpool 3, at 7.45 pm. M Guillot (Professor of pharmacy, France), on "Taste and flavour of drugs".

Northumbrian Branch, Pharmaceutical Society, at 8 pm, Thomson House. "A visit to Newcastle Chronicle and Journal Ltd", Thomson House, Great Market, Newcastle. (Those wishing to attend should apply to Northumbrian secretary).

West Division 2, National Pharmaceutical Union, The School of Pharmacy, University of Cardiff, Cathays Park, Cardiff, at 8 pm. Meeting will be chaired by Mr D. H. Maddock (NPU executive committee).

Friday, November 24

Croydon Branch, Pharmaceutical Society, Greyhound Hotel, Croydon, at 8 pm. Joint meeting with NPU. Mr R. Worby (member of NPU executive and Chemists Contractors Committee), on "Current pharmaceutical topics".

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Pharmaceutical General Council (Scotland)

Appointment of Successor to the Secretary

An opportunity exists for a male pharmacist, ideally aged 25-30 years, to join the staff of the above Council in Edinburgh. The successful applicant will be required to undertake a probationary period of training of about 2 years duration before being appointed as Successor to the Secretary. Further information and application forms, returnable by 31 January 1973, may be obtained from The Secretary, Pharmaceutical General Council (Scotland), 36 York Place, Edinburgh EH1 3HU.

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Top management moves at NPU Marketing

At the board meeting of the NPU Marketing Ltd on November 15, Mr J. Wright was appointed deputy chairman and Mr A. Trotman who was previously chief executive was made managing director. Mr A. O. Bond is the chairman of the company, the other directors are Mr A. Aldington and Mr D. Sharpe.

The background to the new appointments in some degree reflects the successful efforts in the rationalisation of N P U products and the improved delivery and stockholding of franchised distributors.

ABPI's committees reorganised

The Association of the British Pharmaceutical Industry has set up a scientific and technical council as part of a reorganisation of its committee structure.

The Council will report to the Association's board of management and is chaired by Dr F. Wrigley, deputy chairman Wellcome Foundation Ltd. The council will advise the Board on technical and scientific matters, and will direct the work of a number of new committees, including a committee for research and development, a medical committee, and a committee for production, standards and quality control. Also reporting to the Council will be a committee concerned with the question of the misuse of drugs, and a regulatory committee which will deal with all aspects of technical legislation affecting the pharmaceutical industry.

Another major committee to be appointed is the commercial affairs committee under the chairmanship of Mr R. G. Hoare, a vice-president of ABPI and chairman of ICI pharmaceuticals division. The committee will advise the board on questions of commerce, marketing and distribution.

New data sheet requirements

From March 1, 1973 every prescription medicine being promoted to the medical profession will require a data sheet. Transitional Regulations under the Medicines Act, at present controlling the production of data sheets for new products, will be superseded from that date by more stringent Regulations which are expected to be published before the end of the year.

Because of the large number of data sheets that will be necesary (some companies may require 100-200) the Association of the British Pharmaceutical Industry is thinking of ways to help its member companies.

One suggestion is the publishing of a data sheet compendium but this would require additional Regulations. A looseleaf compendium would not require such Regulations but it is envisaged that this would be too bulky. It is still in doubt whether pharmacists will be receivin copies of all data sheets.

The ABPI cannot act until the Regu lations are published so it is preparin for quick action to complete any suc work before the appointed day.

The Regulations are expected to contro the size and weight of card used (8 x 5 i is the likely size) and to lay down mor strictly the entries on the card.

Pictured outside Buckingham Palace following his MBE investiture recently is Mr Michael Kirkness, overseas manager of the Association of the British Pharmaceutical Industry. Mr Kirkness received the honour for services to export following record overseas business by British based pharmaceutical companies. Last year, exports exceeded £160 million. Also pictured are Mrs Susan Kirkness (right) and ABPI colleague Mrs Olive Smith

We have to pay £14 a year

"I am really surprised to learn that a num ber of doctors resent paying £5 a year t keep their names on the register" wrot Mr R. T. Alderton, a King's Lynn pharma cist in a letter in the *Daily Telegraph* las week.

He pointed out that the pharmacists, wh dispenses their prescriptions, has to pa £14 yearly to maintain his (or her) nam on the Pharmaceutical Register.

Mr Alderton was commenting on th present situation where a group of doctor are asking for reforms in the constitutio of the General Medical Council and objec to paying the recently introduced annu retention fee.

Cut-price trader's undertaking

In an action in the Chancery Division o the High Court brought by Sterlin Winthrop Group Ltd last week, the de fendant, Brian Edwin Blaber, tradin under the name Express Supplies at 1 Dale Terrace, Hassocks, Sussex, and at 8 Church Road, Burgess Hill, Sussex, gav an undertaking to the Court not to se Panadol or any other of Sterling-Winthro medicament products in breach of an condition as to their retail price.

The defendant also agreed to pay £10 towards the company's costs.

Scottish agency at initial stage

The likely form and functions of the Com mon Services Agency for Scotland ar described in a circular issued recently b the Scottish Home and Health Depart ment.

The Agency being set up under NH reorganisation will provide both the Hom and Health Department and the Healt Boards with a variety of services. Fin decisions on the Agency's functions hav not yet been made, but it is anticipate that prescription pricing will be one of i activities.

Woolworth widen markets

Latest move by Woolworth is the intr duction of their own range of babyca products to be sold under the Evette bran name. The baby range will comprise tal oil, oil gel, lotion, cream, soap and sham poo. This launch follows the introductio by Woolworth in October of a range c Sabre toiletries for men. Both Evette an Sabre products are manufactured for Woo worth by E. R. Holloway Ltd, of Laver ham, Suffolk.

Company News

Midlands pharmacists collect unwanted samples for overseas

Three Coventry pharmacists are collecting drugs to send to countries in need and to disaster areas. The three—Mr E. G. O'Rourke, Mr D. Varnish and Mr P. Southall—began their scheme in January this year and have already sent overseas some £5,000-worth, derived mainly from over 70 local doctors' unwanted samples. They have registered the service as Wayside Overseas Aid, a division of the Midlands charity organisation, Wayside.

Mr Varnish told *C&D* this week that other pharmacists in the Midlands were being contacted to increase the flow of samples—and there has been a response from the North of England.

The scheme's operation is along the lines of that operated from London by War on Want (*C&D* January 31, 1970, p 133). Applications for drugs are strictly screened, as are the drugs themselves, and it has been found possible to meet some specific requests for individual patients. In this, pharmaceutical manufacturers are beginning to co-operate by donating the drugs required, and the charity is itself raising money from other sources for the purchase of specific drugs.

Mr Varnish also appealed for the donation by pharmacists of old editions of publications such as Martindale's Extra Pharmacopoeia and MIMS. "Their value to someone in Calcutta or South America is enormous," he claims.

Increase in paracetamol self-poisoning

Paracetamol should become a prescription-only drug instead of being freely available in large quantities, according to two doctors of the Radcliffe Infirmary, Oxford.

Writing in last week's *British Medical Journal* they point out that paracetamol now accounts for 10 per cent of admissions for self-poisoning to their hospital.

The doctors describe the death of a woman who had taken 40g of the drug. Gross hepatic and renal damage were found at necropsy. They say the case emphasises some of the dangers and that there is no effective treatment after absorption.

"The very minimal initial symptoms insure that medical advice is not sought at a stage when gastric lavage might present further absorption. There is a general misconception that paracetamol is a safe drug and for this reason may be chosen in preference to aspirin in attempted suicide," they write.

No contests in PATA election

There were no contests in this year's elections to the council of the Proprietary Articles Trade Association. The following were returned unopposed:— Manufacturers' section, Thos. Christy & Co Ltd, J. C. De Witt & Co Ltd. Wholesale section, East Anglian Wholesale Supplies Ltd, Northern Pharmaceuticals Ltd. Retail section, G. W. Herdman, J. R. Marshall.

Sanitas ready for expansion

The new premises of Sanitas Ltd at Stockwell Green, London, SW9 9JJ, recently habited by the company were officially opened on Monday by Mr Campbell Adamson director-general of the Confederation of British Industry.

The new complex, which is being taken over in phases, will eventually provide 250,000 sq ft of modern manufacturing, warehouse and office accommodation. The first phase has been the transfer of all activities from the former main premises at Clapham Road, south London.

The much increased space available (the old premises were only 70,000 sq ft) has enabled the company to rationalise all its operations and allow ample scope for expansions.

In regard to the latter, Mr W. G. Jelley, managing director of the Sanitas Trust Ltd and a director of LRC International Ltd (holding company of Sanitas) told *C&D* that "growth would be by both acquisition and by our own efforts". In the financial world Mr Jelley said that Sanitas were in the "early stages of discussion prior to the takeover of a large name in the toiletries field". An announcement was not far away.

ICI pharmaceutical investment in Germany

A £¾m office and warehouse development for the Rhein Pharma division of Deutsche ICI GmbH—ICI's largest pharmaceutical's organisation in Continental Europe—was officially opened on November 20. The development consists of a new headquarters building and warehouse on a 10-acre site at Plankstadt, near Heidelberg.

Sales of ICI pharmaceutical on the European continent have almost trebled in the past five years—from under £9m to £25m much of the growth being achieved in the highly competitive West German market. In sales turnover it is now the largest market in Europe outside the UK for ICI's medical products (notably cardiovascular drugs and anaesthetics).

The Plankstadt development, designed by ICI pharmaceuticals division for Rhein Pharma, markets the company's medical products in West Germany.

Briefly

Radiol Chemicals Ltd's managing director, Gordon Souter and export director, Guy Moser, have left on separate overseas visits to selected markets. Both are returning in early December.

Peterborough Co-operative Chemists Ltd have closed their branch shop in High Street, Stamford, Lincs.

Mr H. Noel Thomas, MPS, 25 Whitcombe Street, Aberdare, Glam, is retiring on November 30 after 42 years in business. Mr and Mrs Alan Sheppard are taking over the pharmacy from December 1.

Stewart J. Greene, MPS has moved his pharmacy to larger premises at 5 Holdenhurst Road, Lansdowne, Bournemouth BH8 8EH (from 17 Holdenhurst Road).

Alderman Hubert H. Black, MPS, mayor of Honiton, Devon, has disposed of his business in Honiton to Hinton Lake and Son Ltd. Home address: Greenway, Turnpike, Honiton, Devon. His son, David H. Black MPS, remains as manager.

Mr W. O. Campbell Adamson, director-general, CBI, at the opening of Sanitas House. Seated is Mr W. G. Jelley, managing director of Sanitas

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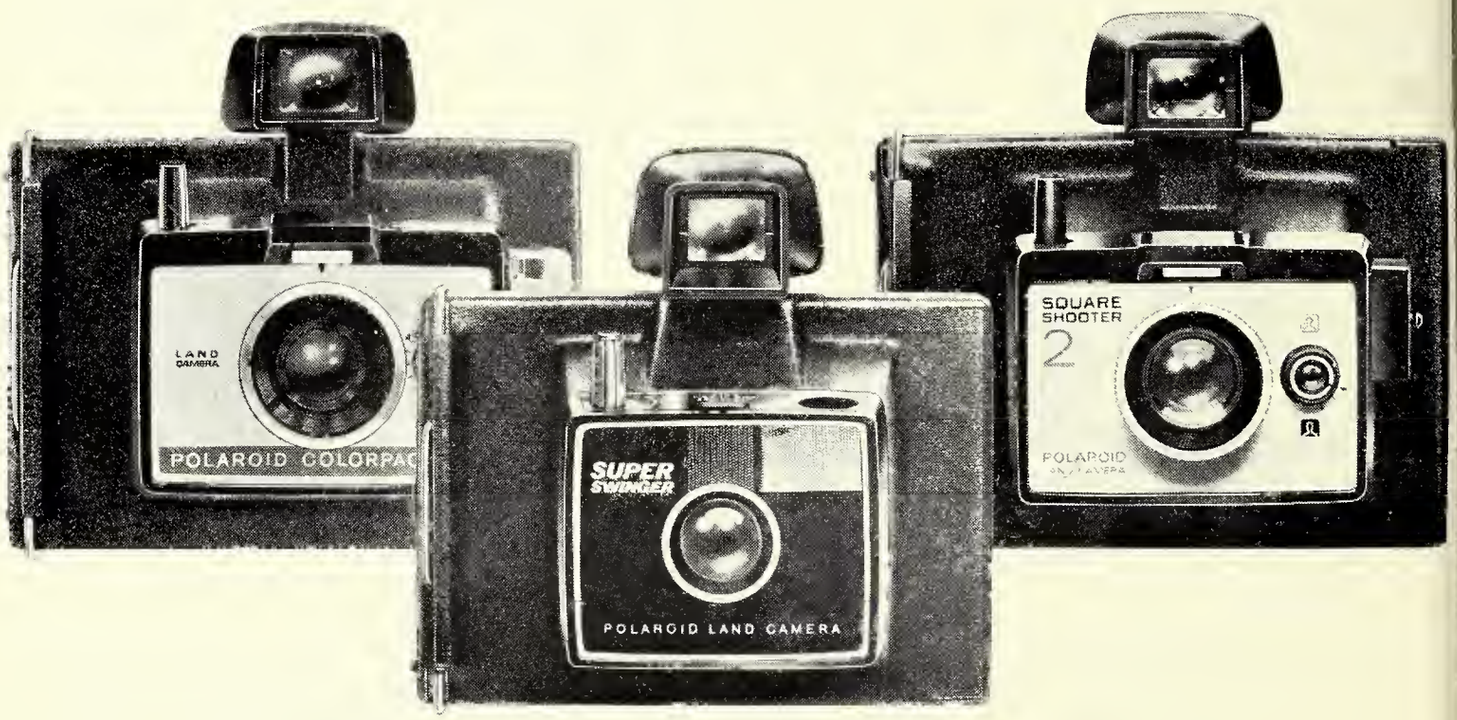

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People

r Dunnett (left) receives from Mr David odfrey, UK regional director, a radio ock and cheque given by his lleagues.

r J. S. Dunnett, MPS, has retired from urroughs Wellcome & Co after 27 years' rvice. As a tribute to his loyal service e company entertained him and his wife the UK headquarters in Berkhamsted. r Jack Dunnett, after qualifying in 1933, ined experience in wholesale and retail armacy before joining Burroughs Wellme as a marketing executive. He was ade responsible for the handling of inlin and became secretary of the British sulin Manufacturers. Later he returned Edinburgh as a medical representative d was soon active in the local branch of e Pharmaceutical Society, being chairan for a time and currently editor of the ws letter. He is also a member of the ottish Pharmaceutical Executive.

The story is told of how, on his last rking day, Mr Dunnett called to see a tain group of doctors. As he was leavg they gave him a number of sample xes which he had previously left saying ey were not wanted. On opening the xes he discovered a supply of golf balls a tribute from his customers and an indition of how he will spend his retirement.

eaths

rdell: Recently, Mr Robert Ernest rdell, MPS, 13 Stumperlowe Avenue, lwood, Sheffield 10. Mr Wardell quali-d in 1919. He was formerly in business Chatsworth Road, Chesterfield, Derbys, many years and also served as secrey of the local NPU.

war: on November 11, Mr Hugh Dewar, PS, FSAO, 87 Fairfield Park, Fairfield ad, Ayr. Mr Dewar qualified in 1925.

ews in brief

A leaflet entitled "Free prescriptions or und of charges on grounds of income" s been revised by the Department of Health. Available from post offices and local Social Security offices the revised leaflet exempts people with a higher level.

☐ Kodak Ltd have opened their new photographic gallery at 246 High Holborn, London WC1, with an exhibition of photographs from the Condé Naste publications, *Vogue, House and Garden* and *Brides*. The exhibition is open until December 15 (except Saturdays and Sundays), admission free.

☐ The Northern Ireland Local Pharmaceutical Committee has postponed *sine die* the meeting it had proposed to hold on November 30. No notices of motion for the agenda had been received and few contractors had notified that they would attend.

Topical reflections

BY XRAYSER

Paths to registration

It is naturally difficult for those of an earlier generation to appreciate the problems of the present-day graduate in coming to terms with his professional career. When I made my bow the custom was to serve an apprenticeship straight from school; to be thrown into a new world of strange things and strange words; to learn to sweep a floor and to dust bottles and wash mortars and, in general, to acquire over a period of four years a nodding acquaintance with practically everything in the pharmacopoeia in both crude and finished form. And we knew from practcal experience that bismuth carbonate did not dissolve in water but potassium iodide did, and that iodine, while itself not water-soluble, dissolved in a solution of potassium iodide, for we made what at that time rejoiced in the name of tincture of iodine.

Over the years, by repetition, we gained a proficiency which has lasted and is still, on occasion, found to be of use. The theory, or some of it, was absorbed at evening classes, available to those fortunate enough to live in large cities, so that before one went to college to have the finishing coat of paint there was an understanding of what pharmacy was about.

Today's graduate is cast in a different mould. To be able to fulfil a rôle not yet open to him, he has spent years in absorbing a wide knowledge which must be the envy of those like myself who entered pharmacy through a different door. But we are still faced with the problem of how best to introduce the graduate to the strange world which swallowed us in our very early and untutored years. The article by Mr Fenton-May recognises important truths. He writes of job satisfaction, that the young pharmacist's knowledge must be used "and if it is only partly formed it must be matured until it is of maximum use".

There is, in fact, everything to be said for a thorough academic knowledge, but that is only a foundation on which experience builds, and it it is only after years that maturity comes. And that maturity does not stop short in the narrow field of pharmacy. And I wrote earlier that the pharmacist is capable of fulfilling a rôle not yet open to him. Your contributor and his young colleagues must go on to grasp every opportunity to prove their fitness to be regarded as specialists in a specialised field.

History

There is a note of sadness in the closing of the oldest pharmacy in Nottingham after three centuries of service, and the only comforting feature is the knowledge that the director of the city's Castle Museum has acquired the fittings and equipment, although your report does not make it clear that the old prescription books and records have formed a part of the transaction. It may be that those are elsewhere and accessible, for they would provide excellent material for research for a young graduate, widening his knowledge of his chosen profession and creating some valuable pages in history. They could be the basis for a historical paper at the British Pharmaceutical Conference at Nottingham in 1974, linking up with a visit to the reconstructed pharmacy.

[The pharmacy's records have been acquired by the Museum—Editor.]

Professional News

Pharmaceutical Society of Ireland

Members reminded: 'Observe caution on supply of steroid preparations'

Exercise caution in the supply of topical steroid preparations to the public—particularly in relation to the most potent ones. That was the advice to members attending the November meeting of the Council of the Pharmaceutical Society of Ireland in Dublin.

A letter from a Cork doctor said that he had been concerned at the number of female patients he was treating for facial erythema which proved, on investigation, to be a iatrogenic rash from the use of topical fluorinated steroids in either lotion, cream or ointment.

The doctor stated that it was a distressing problem for the patient because it was on such an exposed place. The embarrassing moment came for him when he was asked the cause and had to reply that it was the result of the steroid being used and which, on most occasions, had been obtained from the pharmacist without a prescription ("such is the current law").

The letter added that when one patient was not told the cause she went to Dublin to see a colleague of the doctor's. "I personally think that these particular, highly complex steroids should not be available to the public on request without prescription and I would be very interested to have your Society's views on the matter and to know if anything can be done about it", the letter added.

Mr M. F. Walsh said he would not accept unequivocally that the steroid itself was essentially the cause of the condition complained of.

Minimum quantities

The vice-president, Dr W. E. Boles (who presided in the absence of the president, Mr R. J. Semple) said that pharmacists supplying these products on request but not on prescription, as they were legally entitled to do, should ask the patient to observe caution and should only supply the minimum quantities. In no circumstances should steroid preparations be recommended for ophthalmic use without a prescription.

Mr T. R. Miller reported on a meeting of the Pharmaceutical Contractors' Committee on November 8. Among the matters discussed was the question of Health Boards in areas adjoining the Border having contracted with pharmacists in Northern Ireland to supply medicines to patients in the Republic under the reorganised Health Services scheme.

Mr Miller said it was understood that a number of Northern Ireland doctors had also been engaged for medical services. He explained that eligible people in the Republic, for convenience sake, were going across the Border to their nearest pharmacist with their prescriptions.

Apparently the Health Boards had agreed that pharmacists along the Border in the North could dispense the prescriptions and be paid for them at the official rates.

Mr Miller considered that the Contractors' Committee which had negotiated the scheme on behalf of Irish pharmacists should at least have been consulted by the Department before this new facility was approved. He intended to raise this matter with officials of the Department when the Contracting Committee next met them. "I think it is wrong that this should have happened".

Health scheme negotiator

Mr Miller went on to say that the new administrative officer for the Contractors Committee would take over all future negotiations regarding the Health scheme. He would be supplied with an office and all necessary facilities, and would work solely for the Pharmaceutical Contractors' Committee.

Dr Boles said one of the difficulties in relation to the dispensing of prescriptions by pharmacists in Northern Ireland under the scheme was that the Society's inspector would not have access to these pharmacies, or liberty to inspect their records.

Pharmacists in the Republic had not been given similar reciprocity under the Northern Ireland Health Services scheme.

Mr R. J. Power expressed the hope that when the new administrative offices were established, the address would be published and all relevant information relating to the scheme would be dealt with by the new officer. It would not be necessary for other bodies to be involved in routine matters affecting the Health Services.

Mr W. E. Butler reported that he had received a copy of the proceedings at the recent FIP conference (General Practice of Pharmacy sector). Also attached was a questionnaire relating to the education of pharmacy students and the continuing education of pharmacists in the Republic.

Mr Butler said he would like the question of Assistants to be discussed as they would have to know what was happening in EEC countries. He thought they should have to have a meeting of the Practice of Pharmacy Committee and draw up a list of suggestions which they would like to see incorporated in any FIP recommendations.

Mr Power said that Mr O'Donnell was the Council's sole representative on FIP and he would like to see Mr Butler, in addition to Mr O'Donnell, attending the various working party meetings of that organisation as it was too big a task for or man. It was agreed to refer the matter t the Practice of Pharmacy Committee.

The assistant registrar, Mr M. J. Cahil reported on a meeting which represent tives of the Council had with members c the Irish Medical Association on Noven ber 9 to discuss the question of the adve tising and sale of certain pharmaceutic preparations and to see what steps, if an should be taken to remedy the situatio

At the meeting, the Society's preside had stressed that the question of Med eines' Legislation should be dealt with in unified way.

Mr Walsh proposed that a special con mittee be set up to investigate the feas bility of having private prescriptions cost on a fee-only basis, as was the case in th present Health scheme, eliminating th present "on-cost" arrangement. He was the opinion that pharmacists on the co tinent and in Great Britain were "trading when they decided to charge an "on-cost A professional fee would be a more equi able arrangement.

Agreeing, Mr Michael Shannon said was the only answer to the present spa of criticism in which pharmacists we being wrongly blamed for the cost drugs. Mr Walsh said such an arrangeme would underline the professional nature the pharmacist's work. It was agreed refer the matter to the Practice of Pha maey Committee.

A letter from M. J. A. Verreydt, seer tary general, Pharmacy Group, Europe Community, said that the annual subseri tion for Ireland towards the group wou be £290·22. A special meeting would b convened soon to decide on policy relatir to the work of the group.

The Irish Drug Association has notifie the Council that the Association's repr sentatives to the Special Irish Joint EE committee were Messrs. J. P. Burke, R. O'Higgins, D. O'Sullivan, E. D. Leavy ar the secretary, Mr B. R. Smith.

Mr Miller, as chairman of the Commi tee for Pharmaceutical Re-Organisatio wrote stating that the new Union would b established at a very early date, its Co stitution having been agreed by the maj interested parties. All that remained no was to register that body with the Registr of Friendly Societies and with the Depar ment of Labour.

Membership drive

The Constitution laid down that a ear taker executive be set up for a period one year. This was necessary for th launching of a membership drive and oth essential requirements. He recommende that urgent and serious consideration b given to the formation of the caretak executive. It should, in his opinion, b ready to commence this task at the b ginning of January next.

Arising out of the Law Committee, M Shannon told how a patient had recent presented a prescription marked "repe six times" for a potent preparation.

Mr Shannon had refused to dispense th script because the patient had displaye "certain worrying symptoms". The husban of the patient later thanked Mr Shanno and pointed out that she had already co lapsed twice while driving her car.

Mr Shannon thought the only remed

continued on p80

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continued from p806

for this type of situation was the introduction of a drug chart.

Mr Power said these were situations in which the pharmacist should exercise his responsibility because they were dealing with people who needed help—people who had not got control over themselves.

Dr Boles said that people in certain categories needed a much heavier dosage and it was essential that the prescriptions be monitored. The pharmacist was under a moral as well as a legal obligation to observe carefully that the quantity being taken was not in excess of the prescribed dosage. In cases of suspected addiction always consult the prescriber.

Professor R. F. Timoney stressed that a pharmacist should always satisfy himself that a prescription for a dangerous drug was genuine and should either know the signature of the prescriber or take the necessary steps to establish its authenticity. He added that when dispensing controlled preparations, all the requirements of the Medical Preparations (Control of Sale) Regulations 1966 should be strictly observed.

On the suggestion of Mr Hillery it was agreed to hold the December meeting of Council at 7 p.m. to facilitate country members finding it difficult to attend a day meeting during the Christmas period.

After Mr J. E. Burrell had renewed his appeal to pharmacists to contribute £5 each towards the cost of the proposed economic survey of pharmacy Mr Miller said the bulk of subscriptions to-date (in the region of £500), had come from the Eastern Health region. Other regions apparently had not appreciated the implications of the need for such a survey.

It was agreed to circularise each pharmacist on the register appealing for support for the undertaking.

Mr Power reported that a delegation consisting of the registrar and himself and the president of the Irish Drug Association and the secretary would be travelling to Brussels on November 19 to examine original proposals and amendments in regard to EEC draft directives and to get a clear picture of what was expected to emerge in relation to European pharmacy after January 1 next.

New members

Mrs Maeve Cullen, LPSI, Melle View, Deanscurragh, Longford; Miss Mary McGuinness, LPSI, Main Street, Roscommon and Mr Eugene Gilsenan, LPSI, Main Street, Kilcullen, co Kildare, were elected to membership.

Mrs Brigid Walsh (née Herlihy), LPSI was restored to the Register.

The following changes of address were noted: Mrs Margaret Mary Helen Cox (née Connolly) to Site 151 Pine Valley Estate, Grange Road, Rathfarnham; Mrs Mary U. Keegan, to 55 Palace Road, East Molesey, Surrey, England; Miss Anne M. Cogan, to 4 St Mary's Villas, Drogheda, co Louth; Mr Desmond Cox, to Site 151 Pine Valley Estate, Grange Road, Rathfarnham; Mr Francis de Buday Goldberger, to 54 bis, Avenue Aristide Briand, 27000-Evreux, France; Mr John Fitzgibbon, to 152 Ard na Mara, Malahide, co Dublin; Mr Thomas Moran, to South Cork Industrial Estate, Pouladuff Road, Cork.

Chemicals EDC visit to Holland

A party of managers and trade unionists from the UK chemicals industry flew to Holland last week as part of their project of comparing industrial relations and manpower productivity in UK companies with the situation inside EEC companies. Their visit is part of a European Mission being organised by the Chemicals Economic Development Committee (Little Neddy).

Among the issues being covered by the mission are:

- ☐ The extent of employee involvement in the operation of chemical companies in the EEC. A comparison of management, trade union and employee relationships in the firms visited in the UK and EEC, and the effectiveness of communications. The role of capital and profit sharing as operated by many EEC companies.
- ☐ The systems of co-determination as operated in West Germany and Holland; comparison between the rights of British and EEC workers to obtain information about their own company.
- ☐ The increasing harmonisation of conditions of employment for manual and office employees.
- ☐ Differences in organisational structure.
- ☐ The role and significance of law in industrial relations practice in the EEC.

Among the team were Mr E. L. Archer, personnel manager, Boots Co Ltd and Mr C. G. Bridge (joint leader), director of personnel, Reckitt & Colman Ltd.

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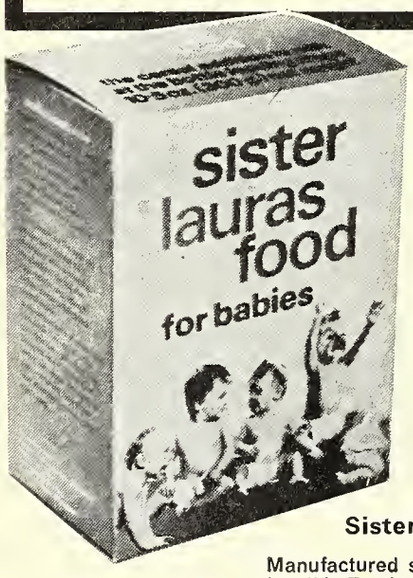

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New products and packs

ry powder foot spray

vlex, a subsidiary of ICI Pharmaceuticals ivision, have launched an "all year und" dry powder foot spray (£0·45) lled Footsy. An antiperspirant-deodorant, has been specially formulated for spray-g inside boots and shoes or on to feet, en through tights. Footsy is available 165g aerosols, packed in counter display ters of six packs. It is currently avail-le on special bonus terms (Avlex, ICI armaceuticals Division, Alderley House, derley Park, Macclesfield, Cheshire 10 4TF).

upert Bear design

itish Tissues are producing facial tissues dom printed with Rupert characters ed at housewives with children and pert fans of all ages. Each pack is inted in four colours and contains 140 ials (£0·14). Launch packs have back nels with three different sets of cut-out aracters and the pack can be used as toy 'stage' when empty.

Initially the product will be packed 24 an outer. 2 x 1 dozen shrink wraps ll be introduced later for cash and carry tlets. (British Tissues Ltd, Brougham ad, Worthing, Sussex).

alt Disney tissues

erling Mansell have launched a new sue product aimed specifically at chil-en and to coincide with the re-issue of Disney film *Snow White and the Seven warfs* which is being shown at Rank emas over the Christmas school holiday riod.

They are available in four colours: ite, pink, yellow and blue and are over-inted in either pink or blue with eleven aracters from the film, giving a total of random-packed colour and figure com-nations.

The tissues come in a brightly-coloured x also featuring characters from the m. On the back of each box different s of three selected characters are dis-ayed in full colour so that children can t them out and build up a collection of rdboard figures. Walt Disney Tissues e available from the manufacturer cked in transit cases of 36 (Sterling ansell Ltd, Mansell Way, Horwich, lton BL6 6JC).

ealed-in absorbency

hat is claimed to be a completely new d technically advanced manufacturing ocess has been introduced into the UK arket by Kimberly-Clark to produce eir new paper towel. Called Kleenex axi-Dri towels (£0·22) they are designed to absorb more liquid than other towels.

Each ply of Maxi-Dry towels is embossed and then the two plies are sealed together, 'nesting' the two patterns. 'Nesting' ensures that when sealed together the pattern of one ply is 'nested' between the embossing of the second ply, so creating a honeycomb of air-pockets between the layers giving the towels greater absorbency, thickness and strength.

Kleenex Maxi-Dri towels are sold in twin packs only, and are available in two attractive border designs—blue and orange. The product is packed 12 twin packs to a case (Kimberley-Clark Ltd, Larkfield, Maidstone, Kent).

Improved baby seat

Baby Relax have designed an improved version of their standard baby seat (£3·50). It now incorporates a rocker base and is called the baby seat/rocker (£5·25). The new model comes complete with an upholstered mattress, tray, safety harness and the adjustable back support. The rocker base can be stabilised, if required, by pushing a stand down into position. Both models are available in white, blue or orange (Baby Relax Ltd, Wennington Road, Rainham RM13 9TL).

Prescription specialities

EFUDIX cream

Manufacturer Roche Products Ltd, Broadwater Road, Welwyn Garden City, Herts
Description Cream containing fluorouracil 5 per cent, a fluorinated pyrimidine antimetabolite. The base incorporates parabens as stabilising agents
Indications Superficial premalignant and malignant skin lesions
Contraindications Known hypersensitivity to Efudix or parabens. During pregnancy
Method of use Under specialist medical supervision only, for premalignant conditions should be applied to the affected area once or twice daily and for malignant conditions should be applied once or twice daily, under an occlusive dressing where practicable
Precautions Should not be allowed to come into contact with mucous membranes or the eyes
Side effects Transient erythema may occur in healthy skin surrounding the area being treated
Storage Room temperature. Protect from heat
Pack Tube of 20g (£0·82 trade)
Issue November, 1972 (hospitals only)

BRETYLATE injection

Manufacturer Burroughs Wellcome & Co, Temple Hill, Dartford, Kent
Description Ampoules each containing bretylium tosylate 100mg in 2ml
Indications Ventricular dysrhythmias resistant to conventional treatment
Dosage Initially 0·1ml/kg bodyweight (equivalent to 5mg bretylium) by intramuscular injection avoiding important nerves. Further injections may be given at 6-8 hourly intervals. Individual doses should not exceed 0·1ml/kg
Precautions Noradrenaline or sympathomimetic amines should not be administered concurrently. Direct intravenous injection of Bretylate should not be used
Side effects May cause orthostatic hypotension. Nausea, sometimes with vomiting, may follow intramuscular administration
Storage Between 20°C and 25°C, shelf life 5 years
Pack Of 20 ampoules (£20 trade)
Issued November 1972

LANVIS tablets

Manufacturer Burroughs Wellcome & Co, Temple Hill, Dartford Kent
Description White tablets, marked Wellcome U3B, each containing thioguanine 40mg
Indications Acute leukaemia and chronic granulocytic leukaemia
Contraindications Pregnancy
Dosage Should be adjusted for individual patients. Initially approximately 2mg/kg/day. If there is no clinical improvement or leucocyte depression after 4 weeks dose may be increased to 3mg/kg/day cautiously
Precautions Patients should be hospitalised during induction therapy and blood counts taken daily
Side effects Leucopenia, thrombocytopenia, bleeding, jaundice, nausea, vomiting, anorexia and stomatitis
Pack Bottle of 25 tablets (£4·66 trade)
Supply restrictions P1, 54A
Issued November 1972

TRASICOR 80 mg tablets

Manufacturer CIBA Laboratories, Horsham, Sussex
Description White scored tablets each containing oxprenolol hydrochloride 80mg
Indications Hypertension
Contraindications Atrioventricular block and marked bradycardia
Dosage Initially 160mg daily in divided doses, may be increased by a further 160 mg at suitable intervals. When used without a diuretic 960mg/day may occasionally be needed
Precautions Cardiac failure must concurrently be controlled with digitalis and/or diuretics. Caution is needed in cases where bronchospasm may be provoked, eg in asthmatics. Care should be exercised in patients with diabetics, alcoholism and metabolic acidosis
Side effects Dizziness and minor gastro-intestinal disturbances
Pack Securitainers of 100 tablets (£3·98 trade)
Supply restrictions Recommended on prescription only
Issued November 1972

Trade News

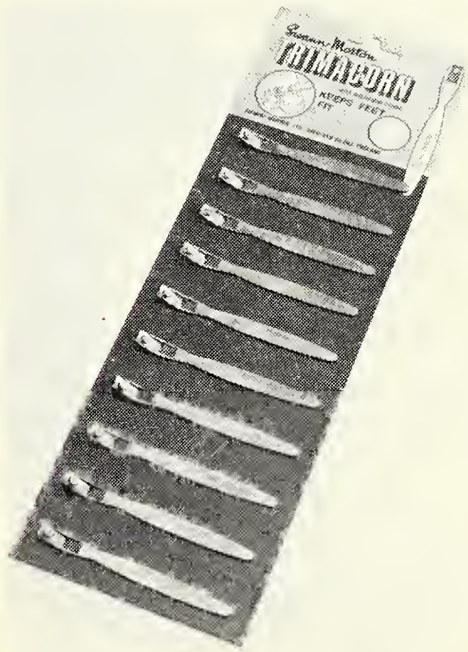
Takes 110 film
A pocket size instant load camera, the Prinz 110 Luxe (£9·50) is being offered by Dixons Photographic Ltd, 18 High Street, Edgware, Middx. It takes the new 110 films and has a f9·5 fixed lens, two-speed shutter, it sets automatically for flash and has a thumbslide film advance.

Shorter title, new size
Calmic Ltd, Berkhamsted, Herts, have renamed Ferromyn "S" with folic acid. The preparation, which contains the iron absorption promoter succinic acid, plus ferrous succinate and folic acid is now called Ferromyn S folic. The product is available in a new pack of 1000 tablets, (£3·00), in addition to the existing pack of 100 tablets.

To be withdrawn
Kabi Pharmaceuticals Ltd, Bilton House, Uxbridge Road, Ealing, London W5 2TH, are withdrawing Cycloserine KABI capsules from the market on November 30.

Disprin change
Reckitt & Colman Products Ltd, Dansom Lane, Hull, are replacing the Disprin 26 tablet pack with a bottle containing 28 tablets (£0·20).

New dispenser pack
The Trimacorn corn plane made by Swann-Morton Ltd, Owlerton Green, Sheffield 6, is now being supplied in a new display dispenser pack. Each pack (£0.99) contains ten Trimacorn planes each individually shrink wrapped on to a perforated card. Extra blades are available in a separate pack containing 50 packets of five blades (£0.79).



Improved Liptrex
J. Pickles & Sons of Knaresborough, Yorkshire, have increased the size of Liptrex, their product for dry, cracked lips. New Liptrex is made of a vegetable oil and now contains lanolin, wheat germ oil, vitamins D, A and E and also PCL which serves as a weather resistant barrier. Liptrex is still made in two colours, pink and white, but now has an improved holder.

Crown it all
Potter & Clarke Ltd, of 9 Wellesley Road, Croydon CR9 3LP, have introduced a new pack crowner for their dandruff lotion, Sebril, which gives a visual demonstration of Sebril being used.

Correction
The new division formed by H. & T. Kirby, Mildenhall, Bury St Edmunds, Suffolk, for hair products is Teeda hair products and not as stated in last week's issue.

Bonus offers

Napp Laboratories Ltd, Watford WD2 7RA. Betadine scalp and skin cleanser. 12 invoiced as 10 (until December 31).
Gerhardt Pharmaceuticals Ltd, Thornton Laboratories, Purley Way, Croydon CRO 3BE. Carters cough syrups, inhaler, silver pine bath essence. 12 invoiced as 10. Gerhardt rodenticides, Dethmor, Rinoxin, Pied Piper with Prolin and Di-Thoxin. 12 invoiced as 10.
Fassett and Johnson Ltd, 19 Radford Crescent, Billericay, Essex. Rosedale Lanospray aerosols, 108 invoiced as 72. Hairspray sachets refills, 24 invoiced as 22, 72 invoiced as 60. Family shampoo 280cc, 84 invoiced as 72. Herbal bath sachets 25cc, 42 invoiced as 36. Splash Cologne and Lavender water 210cc, 12 invoiced as 11. Dry shampoo, 12 invoiced as 10. Herbal and pine bath 250cc bottles, 14 invoiced as 12. Hair thickener 20cc, 36 invoiced as 24. John Bell, Hills and Lucas Frador, Fradojel display unit, 12 invoiced as 9. Nestle Lemur Nestle Lite 24 invoiced as 22, 336 invoiced as 288. Spraze for blondes, 12 invoiced as 10. Streaks 'n Tips, 14 invoiced as 12.

Promotions

Quoting customers

Glaxo state their customers have had some good things to say about New Complan and their comments are used to good advantage in the point-of-sale-items produced by the company. For example the counter wobbler (MD683) has speech "balloons" featuring testimonial quotes of the type used in the advertisements currently occupying dominant positions in national newspaper and women's magazines.

The wobbler and other New Complan point-of-sale items can be obtained from

the representatives or the Merchandisi Officer, Glaxo Laboratories, Greenford.

Stayfree sampling

As part of their major promotional pr gramme in support of the launch of ne Stayfree mini-pads, Johnson & Johns are sampling more than a million hom door to door throughout Great Brita starting with new towns in November.

The Stayfree polybag samples, whi consists of two mini-pads together with self-explanatory leaflet, will be addresse to "the lady of the house".

In some areas the sample will be ru in combination with a 3p coupon offe Whole page advertising support will appe in the *Daily Mirror, Glasgow Daily Reco* and major women's publications durir the promotional period (Johnson & Joh son Ltd, Slough, Bucks).

on TV next week

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann, CI = Channel Islands.

Alka-seltzer: All areas
Alpine Spring (bath additive): So
Askit powders: Sc, G
Beechams powders: All except E
Buttercup syrup. Lc, Y
Tom Caxton home brew: All except S U, G
Close up: All except E
Faberge: Ln, M, Lc, Y, Sc, WW, So, N A We
Falcon: Ln, M, A
Lux soap: All except E
Menthalin: All except E
Old Spice: All areas
Oriental Spice: So
Philips-Philishave: All except E, CI
Remington electric shaver: All except
Sandrine: All except E, CI
Sunsilk hairspray: All except E
Sunsilk shampoo: All except E
Tabac: Ln, Y, NE
Three Wishes: All except E
Viking Brews: M. Y, Sc, WW, So, NE, W

ocialist Medical Association

The case for pharmacy nationalisation

r Stanley Blum, secretary of a Socialist edical Association working party, dec- red last week that nationalisation of ail pharmacy was the answer to present emmas.

Speaking at a SMA meeting at the ouse of Commons, Westminster, Mr um listed the problems as: The in- equate basis of remuneration; dis- pearing pharmacies; adaptation of armaceutical practice to the changing ture of medical practice: the inequality opportunities for independent pharma- s as compared with those owned by blic companies and the lack of oppor- nity for rural pharmacists to give a vice and earn a livelihood.

He said that under public ownership armacies would not be allowed to close wn haphazardly as at present, without mpensation. A planned distribution was visaged taking into account the present ation of pharmacies and surgeries.

It was anticipated that two types of alth centre would exist in future—a ger central type which was likely to ntain a pharmacy unit and smaller ripheral centres, similar to present-day oup practices, which could be served by sting pharmacies under public owner- p.

The domiciliary needs of patients in al communities would continue to be ved by their pharmacies. But should number of prescriptions dispensed by pharmacy become "insignificant" it uld be turned into a non-prescription op and function merely as a collection nt for medicines, being served by a ighbouring pharmacy. Mr Blum des- bed a similar arrangement that now sts in Denmark.

muneration remedy

adequacies in remuneration would be nedied by nationalisation, Mr Blum ieved. That was because pharmacists gaged in health centres would be paid "actual" rather than a "nominal" ary, which could take into account not t the number of prescriptions dispensed t the pharmacist's other duties, both visory and supervisory and seniority of vice. He would be sure of getting a sonable living. From comparisons with situation in countries where nationali- ion had occurred, such as Sweden, Mr um assumed that pharmacists would earning more.

Nationalisation would iron out in- ualities of opportunity which existed ween the large public companies and the aller independent pharmacy, which was able to obtain its drugs at the same vourable rates as the multiples. Nationa- ation places all pharmacists engaged in neral practice onto a realistic economic el and would unite the profession by removing the artificial barrier which exists between employer and employee," he said.

It would give the pharmacist further opportunity to impartially advise his medical colleagues about new preparations on the market. In Holland pharmacists often arranged meetings with doctors to give them details of medicines. Manufacturers were encouraged to channel this information through the pharmacist. In Sweden since nationalisation no dispensing by doctors had taken place.

The SMA believed that such a change would give all pharmacists in retail the right to practise their role to the full.

Mr Blum concluded: "The old image which the public held of the pharmacist in the past with 'one hand in the till and one on the medicine measure' will be destroyed forever, and the full professional rank and status will be established once and for all, to the benefit of those concerned".

'Entrepreneurs'

Earlier Mr Blum had spoken of unqualified entrepreneurs employing pharmacists and opening pharmacies where they were not really needed. In such pharmacies they used the dispensing services as a "draw" to enable them to sell highly profitable, but non-pharmaceutical, items.

On the closure rate he said that the SMA did not feel that the Pharmaceutical Society's present work on "planned distribution" was the complete answer.

With entry into the Common Market imminent he believed that many independent practitioners would welcome the opportunity to throw out the "flotsam and jetsam" of commerce which lined their shelves.

Mr Bob Edwards, MP, national officer of the Transport and General Workers' Union, said that the pharmaceutical industry should not be left in the hands of private enterprise. He thought it should be publicly accountable and a large part should be owned by the public.

There was a "tremendous concentration of power in the hands of a few people in the United Kingdom". The fifty top companies controlled 96 per cent of the output.

Only 27 per cent of medicines supplied against prescriptions here were made by British companies.

It was, emphasised Mr Edwards, a multinational based industry which "had been fleecing the country for generations."

Mr Edwards attacked several large pharmaceutical companies. He said they were self-financing and slipped the taxation laws and so escaped their responsibilities to the community.

He also attacked Roche Products, the Beecham Group, and Pfizer, adding: "We should buy out a company like Glaxo."

Mr S. Blum

The case for socialising a section of the industry was indisputable. It would be difficult because they were multinational, he did not know how it could be done, but at least companies could be made accountable.

He said that many patent medicines were useless, in Sweden the price of such products had been increased by the government so that "people were forced to go to the doctor to get proper advice."

Over the counter medicines in this country accounted for £60m a year going through chemists' shops. "An advertiser's delight and a doctor's nightmare."

Dr D. Stark Murray, a past president of the Socialist Medical Association, in calling for a "democratic integrated National Health Service" said no one should make profit out of the sickness of another person. He had been involved in the setting up of the service in 1948 but the mistake that was now being made was that its formation was not being carried through to its obvious conclusion.

The new NHS would not be sensitive to public opinion, he contended. He had looked at the staffing of a large modern hospital and found that there were actually 42 groups of staff who should be represented. But only doctors and occasionally nurses were to have representatives in the reorganised NHS administration.

"Only when every worker is allowed to join in will have a satisfactory service," he said.

The pharmaceutical industry could be nationalised with large scientific and monetary benefits. People were being "cheated and robbed" by the industry at present.

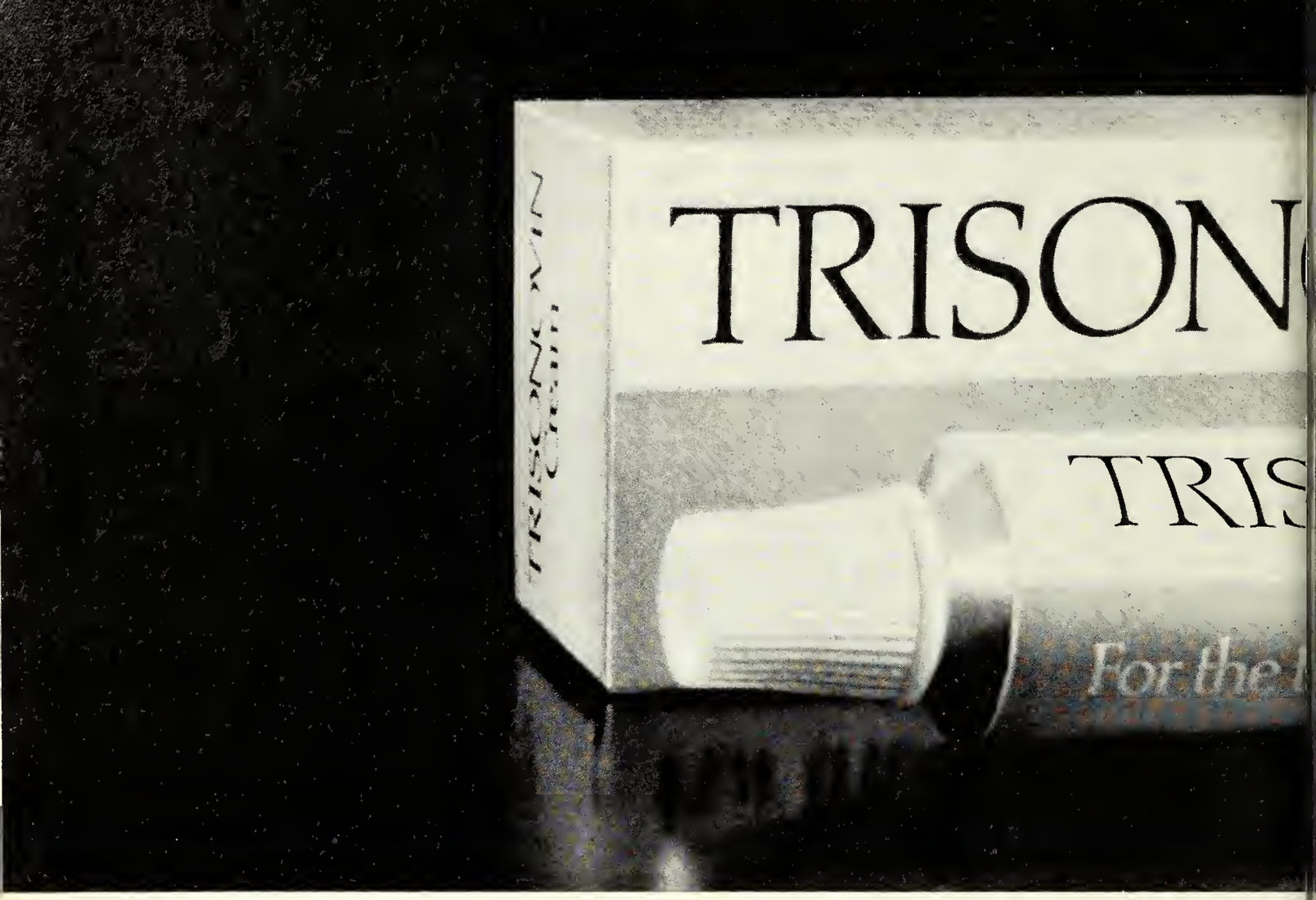
Research done in "an ivory tower of some laboratory" was not research at all. It had to be done in a social context, in relation to all aspects of health and social wellbeing.

Missed opportunity in NHS reorganisation

No attempt has been made to forecast the possibilities of integration of the pharmaceutical services within the NHS, Mr J. P. Kerr, president of the Pharmaceutical Society, said of the Government's proposals for reorganising the administrative structure. "The suggestions relating to pharmacy seem to be based on the premise that integration is just not possible".

However, Mr Kerr accepted that much depends upon the interpretation of "inte-

Continued on page 814



You can't go
Triso

You know what they're saying about hexachlorophene.

What will you say when a young girl asks your advice on skin creams and lotions.

One thing is certain.

You can re
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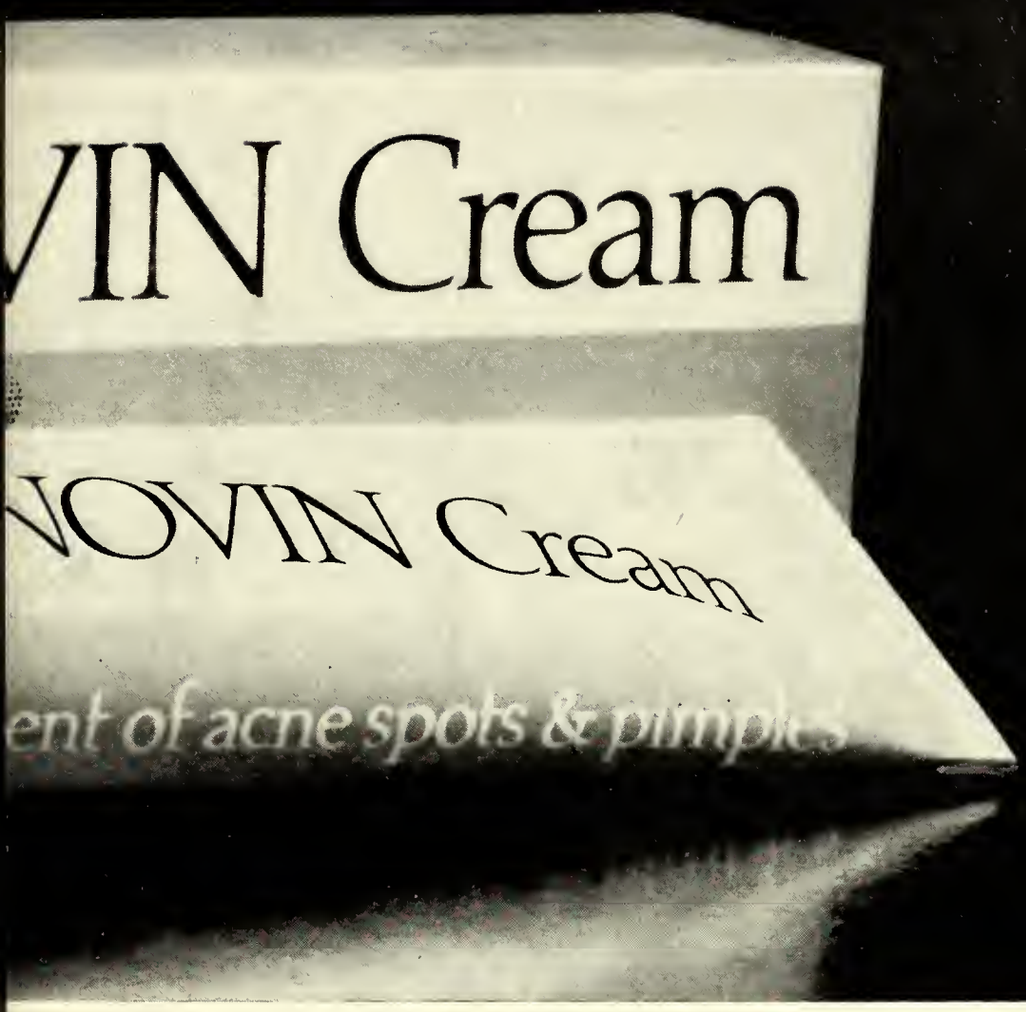
It does not
and it never has.

Trisonovin does not contai



wrong with
novin

l Trisonovin with
e.
hexachlorophene

The Trisonovin formula is a tried and proven one. Sulphur, resorcinol, in a cream base.

Recommend it, display it, read our advertising in the young women's press and you'll find this time you cannot go wrong.

xachlorophene. It never has.

'Trisonovin' is a trade mark.

SMA discuss nationalisation and the NHS

continued from p811

gration", and that it is difficult to see how the service provided by employee pharmacists in the hospitals can be integrated with the general practitioner services provided by independent practitioners. But he maintained that the structure should be sufficiently flexible to be capable of providing for integration wherever an opportunity arises and when integration would be to the overall benefit of the public.

Mr Kerr contended that the benefits that would follow from the involvement of pharmacists at all levels in the new administrative structure had been "seriously undervalued". The key to the acceptability of the structure, both to the professions and the public, was the composition of area health authorities. The doctor nowadays depended on the advice of his colleagues in the health care team and this fact should be recognised by representation of the main health professions at the area level. "This representation would establish the fact of involvement and engender co-operation in the sure knowledge that the views of the profession concerned will be represented at first hand on the executive body, when decisions are taken."

Parity with dentists

Representation of the pharmaceutical profession on the family practitioner committee was, according to the White Paper, to be left at two places. There seemed to be no logical reason why pharmacy should not have parity (three places) with the dental profession, on this committee—which would replace the present Executive Councils. "You may argue that the advantages of having one extra place are very marginal. The point is that the status of a profession is often established, quite wrongly of course, from the numerical strength of its representation of a committee or a council." Mr Kerr said it was a question of morale and the acceptability of the structure to those who have to operate it, or be administered by it.

"Integration comes through contact, and through discussion of the points of view of the various professions. The members of all the professions then recognise the contribution which their colleagues in the health team can make. The service—and the public—then benefit."

Turning to the position of the pharmaceutical officers in the new structure, Mr Kerr said that if integration was to be achieved, the status of the permanent officers at regional, area and district levels must be established. The "district concept" pre-supposed the establishment of a team of officers—and for good reasons, members were to be kept to a minimum. The district pharmaceutical officer will not be a full member of the team, but he will receive agendas, papers and minutes and have the right to attend meetings and participate in discussions affecting the profession of pharmacy. "This arrangement should work well in practice, provided the decision as to whether a question has pharmaceutical implications will be one for the pharmacist concerned, and he will then decide which meetings he needs to attend. In addition, when he does attend, then it should be with the full status of a member of the team."

District management teams will be consensus bodies and decisions will therefore require the agreement of each of the members of the team. "When the district pharmaceutical officer is present at a meeting and a major question which he considers has pharmaceutical implications is being discussed, then his agreement must be necessary for any decision to be taken which affects the profession of pharmacy, Mr Kerr maintained.

The same applied to the area pharmaceutical officer who in any event would have the right of access to the area health authority and its chairman.

Finally, Mr Kerr discussed integration of the pharmaceutical service within the NHS. One of the tasks of each of the pharmaceutical permanent officers would be to co-ordinate the activities, in so far as they could be co-ordinated, of hospital pharmacists and those in general practice, and the most important single factor would be the professional advisory committee structure. "Co-ordination must begin at the level of meetings between practitioners from two fields, and this will require in my view the establishment of a pharmaceutical committee—on which both hospital and general practice pharmacists will be represented—at district level."

There would be some new subjects to discuss—for example, the pharmaceutical aspects of the services which have in the past been provided by Local Health Authorities and where the involvement of pharmacists has been the exception rather than the rule, and the expanding role of pharmacists in health education.

Mr Kerr added that discussions were continuing on the aspects of the advisory committee structure which the Pharmaceutical Society has put to the Department (*C&D* May 27, p754). "I am sure that we can achieve what is required—a structure which will ensure that the views of practitioners are taken into account in decision making, and are sought when any change to the service is envisaged.

"Every effort has to be made to ensure that the administrative structure of the new National Health Service is capable of responding sympathetically to the needs of the public and is not something which is so rigid in its application that it is more suited to the running of a commercial undertaking than an organisation which exists to serve the public. When the product is health care, the normal marketing rules cannot, in my view, be applied."

Near the end of the meeting Mr Kerr said that there had been complaints about profits made by the pharmaceutical industry but nobody could deny the good that had been done. There had been irresponsible acts in the industry but generally it was responsible.

"I have told the industry that they must curb those practices" before controlling legislation is introduced," he stressed.

Letters

Thirty years before?

It was with some surprise that I read Dr Deeson's statement in the article "No Longer A Low Key Market", (*C&D*, November 11, p737), that Smith & Nephew's Southall brand of sanitary towel was the first to be advertised (in 1897).

The Strand Magazine for March 1896, carries an advertisement for Hartmann's Hygienic Towelettes. These are stated to be "Invaluable for ladies travelling, and home use. Supplied at the actual cost of washing. To be obtained at all Ladies' Outfitters and Drapers or from the Manageress, 3d per dz extra postage (samples post free)." They were made in three sizes; at 1s per dz and 6d per ½ dz (wrapped in white paper), 1s 4d per dz (wrapped in blue paper), and 2s per dz (wrapped in gold paper). There was also a "Special Make For Accouchement" at 2s per dz but we are left in doubt as to the colour of the wrapper in this case.

They were made by the Sanitary Wood Wool Co Ltd, Thavies Inn, London. This leads one to speculate on the nature of the material from which they were made. A product of the above company was surely more likely to have been made from cellulose wadding than cotton wool. If so, they ante-date Southall's cellulose wadding towels by more than thirty years.

W. A. Jackson, BSc, FPS
Burnage, Manchester 19

Ireland's VAT

It would appear that typing errors as well as the very necessary editing involved in an article of some complexity, "Pharmacists' experience of value added tax in the Republic of Ireland" call for some clarification for your Irish readers.

The real intention of the third paragraph at the top of column 3 (p779) was to advise pharmacists strongly that the value of drugs and preparations supplied on prescriptions from the various Regional Health Boards (on a cost plus a relatively small fee of 20p approx.) for patients in the Lower Income Group should NOT be included as part of their "turnover" as far as "value added tax" was concerned. (The amount involved can be computed easily by each individual pharmacist totalling his ingredient cost as it appears on his monthly payment sheet from the Central Pricing Bureau.)

And apart from the current discussions with the Revenue Commissioners as to the possibility of raising the ceiling below which practising pharmacists would not be required to register at all for VAT purposes, there is a precedent in the present scheme where in fact the Minister of Health pays the turnover tax for all participating pharmacists on both ingredient cost *and* fees. And apart from the

continued opposite

Comment

Not proven

It has been suggested that benevolent dictatorship is the best form of Government. If that is accepted, it can be predicted with confidence that a strong case could be made out for nationalisation of anything and everything—not least the pharmaceutical industry and the practice of pharmacy.

So it was not surprising that Mr Stanley Blum and others conjured visions of Utopia when they spoke on the subject of public ownership at a meeting of the Socialist Medical Association last week (p811). List the problems facing pharmacy—and we must nod in agreement; tell how total administrative power could solve those problems (at a stroke?) and again we might be encouraged to see reason. But examine the implication that only nationalisation could readily solve all the problems, and we have more than doubts.

On the subject of retail pharmacy, Mr Blum took Swedish nationalisation as his model. Pharmacists were earning more—but so they are in most continental countries where the profession is even more independent (capitalist?) than in Britain. Pharmacy distribution was controlled—but so it is in the rest of Europe. Dispensing doctors were eliminated—but the same is true of some EEC countries. Pharmacists would have the right to practise their role to the full—again as in Europe.

But there were disturbing aspects among Mr Blum's predictions. Centralisation of dispensing and the establishment of "non-prescription shops" which would "function merely as a collection point for medicines" were envisaged. All very well for remote areas perhaps, but we view with foreboding the administrator's attitude on seeing the "advantages" of greater and greater centralisation.

More and more the pharmacist would become the technician in the dispensary—it takes only a computer to check that Mrs Brown's new tablets don't conflict with her old (and perhaps to count them). Gone for ever would be that personal contact that is essential to the pharmacist's advisory and protective role.

Only when it comes to Britain's EEC entry can we begin to accept Mr Blum's conclusions. Yes, most pharmacists would like to eliminate the "flotsam and jetsam" and earn their living from professional work. Yes, the professional man's say in the running of the "entrepreneurs' " pharmacies must be ensured and perhaps strengthened. But both can come through a system of professional "independence".

With regard to the speakers on nationalisation of the pharmaceutical industry, we do not need to re-iterate what has been said so many times, both before and after Sainsbury. But from what kind of political "ivory tower" does Dr D. Stark-Murray perceive that "research done in an ivory tower of some laboratory is not research at all"? Far from the industry's research being done outside the "social context", it is dictated by the need to fulfill the greatest public want at any particular time—that, after all, is their road to "profit".

We have no desire to take political sides, but until there can be shown to be overwhelming advantages for nationalisation, we must remain of the opinion that to use such a blunt instrument as a "cure-all' would benefit neither the profession nor the public it serves.

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validity of such a decision from the equity point of view it would, I expect have the full support of the profession here, as a whole. For the principle of that particular Scheme is now well established: the pharmacist offers his professional services to the Minister and the Department of Health on behalf of the less affluent members of the community to supply prescribed medicines on a wholly professional and "non-profit" basis. There is no "on-cost", therefore no "sale".

M. F. Walsh
Dublin

Health service

While agreeing in general with the article by Xrayser on the great improvement which the introduction of the National Health Service has brought about in the provision of medical care in this country, we must all be aware, as indeed he indicated, that there are some serious deficiencies. It is our duty as trained workers in the service to expose these and to press for their removal.

We should take note, for instance, of the public's dissatisfaction with the availability of pharmaceutical services on outlying estates. We all know that under present conditions it is difficult to provide these but are we doing anything to change this? It seems to me that too often we fall back on worn-out excuses—most people have a car, the neighbours can fetch the old folks' medicines, the Ministry will not allow us to operate such a service, the Ministry will not pay us, and so on. Why do we not go to the Minister with a prepared and costed scheme and ask for it to be put into operation? I know that this has been done in some areas, and we should insist that it is applied everywhere.

Another well-known deficiency exists in the consultancy service. Who has not heard of the practice of paying a five-guinea fee in order to get a rapid consultation, with the tacit understanding that this is likely to lead to an early admission to hospital if necessary? More serious is the fact that patients may be induced to pay high fees in a nursing home although any operation is actually carried out in the National Health Service hospital. I was shocked to find that this has even happened in cases of suspected breast cancer.

Although I would like to see all prescription charges removed I think we should take careful thought on the method of supply of medicines. Pharmacists are most likely to benefit from their unrestricted supply and I think it is to our credit that we are the leaders in warning of the dangers of excessive prescribing. Registration of patients with a pharmacy would probably be too restrictive but prescribing by period and the issue of a standard prescription card which could be controlled by the pharmacist might improve the present unsatisfactory situation.

Despite the lip service paid to the National Health Service we should recognise that there is very great pressure in some quarters to abandon the universality of its application and require those who can "afford" it to pay, and only provide free services to those "in need". Hospital pharmacists might reflect grimly that they would probably qualify for the second category. Xrayser's reminiscences should make clear the stupidity and cruelty of such thoughts.

Jean W. West
Mansfield, Notts

Hold it!

With reference to last week's article by Mr David Sharpe, and in particular to the picture of him holding a dispensing measure (p755), may I make the point that if he is going to take on post-graduate students he should not teach them to hold a measure in the way he is shown holding one. No doubt his students, however, will quickly point out to him that a conical dispensing measure is (or certainly used to be) held with the first finger and thumb around the narrow part of the measure and the rest of the fingers below the bottom of the measure, thus ensuring a firm grip and the avoidance of accidents.

May I wish him every success in his venture of taking students into his pharmacy. As one who has had several such students in the past, I agree, it is a worthwhile effort.

D. K. Rayner
Bradford

INTO EUROPE

STATE OF PHARMACY IN FRANCE

The present state of pharmacy in France was described as "one of the most satisfactory in the world" by Mr J. Brudon, member of the *Conseil National de l'Ordre des Pharmaciene* when he addressed the annual conference of the Pharmaceutical Society's Chiltern Region at Slough last week.

Taking as his subject "Retail Pharmacy in France 1972", Mr Brudon supported the method of payment for prescriptions employed there in most cases, namely that of payment by the patient who later obtained a refund from social security. All along the pharmaceutical chain, he said, everything was done to ensure that the pharmacist was "independent" of pressures from any source whatever—ownership of the pharmacy, sufficient powers for pharmacists in the large manufacturing or wholesale companies, etc.

Economically speaking, efforts had been made to strengthen that independence by "providing effective protection against the temptations of commercial competition." Thus the pharmacist was in a position to "fulfil his obligations in accordance with a certain professional ethic, and according to high standards of not only personal, but also social morality."

Points for ownership

Earlier Mr Brudon had pointed out that to have the right to be the owner of a pharmacy, or a member of a partnership or company owning a pharmacy in France, one must be a pharmacist, of French nationality, not less than 25 years of age, and a member of the *Ordre des Pharmaciens*. To become a pharmacist took five years of higher studies. The syllabus had recently been considerably revised (in 1962 and 1968) and now included about 5 to 6 months' training (6 weeks in a dispensary at the end of the first year, and 3½ months in the fifth year) and 4½ years at university; the practical training may either be in a retail pharmacy, or in industry, or in a medical analytical laboratory.

Since 1968 the fifth year offered three options—retail, industry or biology, and the subjects differed from one option to another. In any case, there was only one diploma which led to all pharmaceutical careers without distinction. "We hope that in the near future we will abandon the present provisional situation for a new and final reorganisation of the course of studies, safe-guarding the principle of the 'one-ness' of our diploma, to which we remain strongly attached," he added. Ownership of a pharmacy must be in the hands of pharmacists; that was a direct consequence of the monopoly conferred by law. There was the exception of dispensing doctors practising in communities without a pharmacy.

A pharmacist could own only one pharmacy, thus, up until now, there were no pharmacy chains in France. Exception to the rule stipulating personal ownership of a pharmacy were in the event of the death of the proprietor, his heirs may place the pharmacy under the care of a pharmacist manager for a period of one year; and where several pharmacists formed a general partnership or a limited liability company to run a single pharmacy. (They cannot set up a joint stock company despite the fiscal or social advantages they could derive from that type of company.)

Hospitals, mutual benefit societies and miners' social security funds may also have a pharmacy under the management of a pharmacist.

The mutual benefit societies' pharmacies may only serve their own members.

Since 1954 the profession had been seriously threatened from the General Social Security scheme whose funds were entitled to be used, according to a judgment of the *Conseil d'Etat*, "to operate pharmacies for their own internal requirements. The case in question concerned provision of dispensaries for factory surgeries and first-aid kits. But if "internal requirements" was interpreted by these societies as included serving all persons covered by Social Security, then we would have no alternative but to shut up our shops and look for work managing one of those pharmacies."

On geographical distribution of pharmacies the speaker said the law stipulated a maximum of:

- ☐ One pharmacy for every 2,000 inhabitants in localities having 2,000 to 5,000 inhabitants, a second pharmacy being allowed to open only when the population reaches 4,000;
- ☐ One pharmacy for every 2,500 inhabitants where the population was between 5,000 and 30,000;
- ☐ One pharmacy for every 3,000 inhabitants in towns with a population exceeding 30,000.

The usual purchase price of a pharmacy was approximately 60 to 80 per cent of the annual turnover.

Sphere of activity

The French pharmacist held monopoly rights in the sale of medicines intended for human patients and some other articles. The monopoly included: The preparation of medicines intended for human patients; preparation of dressings and of all articles offered for sale in a form complying with the pharmacopoeia, as well as the preparation of products and reagents intended for medical diagnosis; the wholesale and retail sale of all forms of supply to the public of those products and items; and the sale of medicinal plants listed in the pharmacopoeia, except where otherwise decreed.

So far as the dispensing doctors are concerned their right to dispense ceases as soon as a pharmacy opened in the locality or in an area sufficiently close to satisfy the needs of the population. There were approximately 450 doctors authorised to dispense, scattered all over the country.

The sale of all other items not specified in a list published in 1943 is forbidden, in particular, photographic equipment.

In all industrial firms dealing with manufacture of pharmaceutical products there must be one pharmacist, either the chairman or a managing director, in charge of the whole firm; and a number of assistant pharmacists depending on the number of personnel employed.

The bulk of proprietary medicines were marketed through the Social Security scheme. These proprietaries indicated the maximum price on the package and must not be advertised to the public. The sale of proprietaries represented about 70 to 85 per cent of the turnover of a French pharmacy. Small and medium sized pharmacies approach the higher figure, while in the largest ones, parapharmacy had a more important share of the turnover.

With the exception of certain regions of France such as the North and Alsace, the number of extemporaneous prescriptions handled was falling daily, the average being less than 1 per cent of the pharmacy turnover.

"Retail prices for all extemporaneous and pre-packed medicines are strictly controlled by the Government, which issues a 'national tariff for pharmaceutical items' in consultation with retail pharmacists syndicates. The tariff lays down *all* prices, from alcohol to zedoary powder, and includes everything from allopathy to homoeopathy."

Continuing on the same theme Mr Brudon said that from 1941 to 1967 all prices for items covered by the monopoly were "*imposed*" prices; no discount was permitted. Then the Government seemed determined to open a new era of competition thinking that it might benefit the social security funds.

A general convention intervened between the profession and the scheme; chemist contractors agreed to deduct 2·5 per cent off the marked prices which were again declared legally fixed or, to be more precise, "minimum prices". "After two years' experience our NHS refused to carry on with this unless the contractural rebate were increased to 5 per cent. The profession said, 'No' and that was the end of this very first attempt we have ever had to obtain a negotiated agreement with our social security scheme. Now prices remain 'maximum' and discounts are fully authorised. But as the economy of our retail pharmacies does not allow keen competition, all medicines are in fact sold at their marked 'maximum' prices."

"Despite supermarkets and so on, the pharmacy still plays an important part in the sale of dietetic products and baby foods.

Turnover

Describing the size of pharmacies in France the speaker said some small town or country pharmacies, even today, showed a turnover of between £15,000 and £20,000; a really large pharmacy, however, will do over £150,000. The average turnover however was £50,000-£55,000, which corres-

onded to two or three employees in addi-
on to the pharmacist himself.

It was impossible for the proprietor
harmacist to supervise a large number
dispensers, and for that reason the law
ipulated that as the turnover increased he
ould engage one or more pharmacists
assist him. In a pharmacy with a turn-
ver of less than £50,000 no assistant
harmacist is required; a turnover of be-
veen £50,000 and £100,000 one assistant
harmacist and thereafter, one additional
sistant for every £50,000.

Excepting victims of accidents at work
d the very poor, the patient must pay on
e spot the full amount of the medicines
ceived. It is up to him to claim a refund
om the social security funds. The phar-
acist gives him a receipt to provide
oof of payment, and the prescription and
cial security form are stamped by the
harmacist. "There is in France a system
'vignettes'; every proprietary qualifying
r refund must have on the outside pack-
e a detachable gummed vignette.

A rectangle crossed with a double
agonal line in the top right hand corner
dicates that the product qualifies for
per cent refund. A plain band with no
ctangle means that the rate is 70 per
nt. The purpose of this vignette is to
eck the actual purchase of the medicine
the insured. He must remove it and
fix it to his copy of the invoice. Failure
do so will lead to no refund being
ade."

Mr Brudon's paper concluded: "In any
se, our future will be in Brussels rather
an in Paris. I do think that fortunately
st of our colleagues in the Common
arket countries are fundamentally in
vour of what we are struggling for in
ance or at least something akin to it."

. . and in Belgium

e situation of pharmacists in Belgium
s described by Mr Van Vré, a young
twerp pharmacist and holder of an eco-
mics degree, who is currently doing his
mpulsory military training.

Mr Van Vré mentioned that training to
come a pharmacist in his country offici-
y took five years but "might take six or
ven". He estimated that only about 40
r cent of those starting out finished the
urse successfully while 1 per cent con-
ued on to specialise in a particular
bject. Comparing the years 1960 and
70 the number of successful pharmacy
udents, he said, had doubled whereas in
edicine there were only 20 per cent up;
dentistry, 70 per cent up.

Belgium had one of the highest numbers
doctors per head of population in
rope—15 doctors to 10,000 people.
ere were 4,800 pharmacies, that was
e per 2,600 inhabitants—one of the
vest in Europe. About 75 per cent of
armacists were occupied in retail. For a
wly qualified, prospects were best in
ail. In a hospital analytical laboratory
chances were less bright as the authori-
s gave preference to doctors since in an
ergency the doctor could "double up"
the wards.

Pharmacists were active in industry but
jobs in many of the manufacturers were
"in the hands of foreigners". There were certain stipulations that had to be accepted in owning a pharmacy. There were a list of medicines that must be stocked; there must be "suitable" premises. The pharmacist must be responsible for the material he supplies; if found at fault he can take action later against the manufacturer.

As in France sales of cosmetics and photographic materials must be from other premises.

Wholesalers were largely financed by the pharmacists they supplied. Qualifications appearing on notepaper, on labels, in the pharmacy and even in the telephone book. must be limited to pharmaceutical qualifications.

At present the ratio of male to female pharmacists was 65 to 35 but the speaker claimed that the trend seemed to be for the female proportion to grow.

In retail a pharmacist must not employ more than three assistants per pharmacist. As the pharmacist must not leave the pharmacy for even a short while without closing the tendency was a second or third pharmacist according to size of the business. Payment for NHS prescriptions took about two months from the time the prescription was dispensed to the time a cheque was received, said Mr Van Vré.

Discussion on both papers was taken together and questions ranged over a wide field. Participating were a number of students from Chelsea School of Pharmacy. At what stage or stages did the 60 per cent of students fall out? In the first three years and most in the first was the answer.

There was some fear expressed about the possibility of the movement of labour across frontiers. Would the surplus of say French pharmacists which was said to be building up now come to Britain and upset the equilibrium? Would the Southern Irish pharmacists be allowed into any of the European countries after next January? The answer was that interchange of labour could only be expected to come about when there was a standard education system in all member countries. It was not seen as a problem in the next six years at least. How could a pharmacy per 2,400 population be viable when it did not supplement turnover with sales of other things like cosmetics and photography? In Britain the average was one pharmacy per 4,000 and almost invariably supplied sidelines, said one member. The answer given was that prices of specialities were much higher than in Britain. The mark up on medicines was 30 per cent.

Pharmacies were tending to become bigger units with two or three qualified staff thus overcoming the half-day problem.

Asked what salary someone newly qualified could expect to get, Mr Van Vré said about £14 a day but that figure might not increase much over the years apart from cost-of-living additions.. It was pointed out that the figure was meaningless unless related to what the money could buy in that country.

Dispensing doctors in Belgium were a problem to the pharmacists up to 1958, said Mr Van Vré, in answer to another question, but since then those who were allowed to continue were gradually going out of practice. In August this year a Bill was read which would also limit dispensing by veterinary surgeons.

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WHOLESALING

NAPD: THE AIMS AND ACHIEVEMENTS

y E. R. Leaver, FPS, secretary NAPD

'he National Association of Pharmaeutical Distributors was founded in 1966 y the amalgamation of five regional vholesaler's organisations. The terms of eference given by the founding companies o the new national association, include the ollowing:—

] To promote the efficient distribution f pharmaceutical and allied products, in he interests of the public as well as nanufacturers, retailers and wholesalers;

] To produce a code of practice for the uidance of its members;

] To maintain contact with Governmenal Departments and other appropriate rganisations;

] To present the views of members and o assist in promoting or opposing legisation.

The Association requires its members to e persons, firms or bodies engaged *principally* in the distribution, in the United Kingdom, of pharmaceutical preparations nd other goods to retail pharmacies, hositals and members of the medical and llied professions. Any *bona fide* wholeaaler is eligible to apply for membership, ich applicants to have at least 90 per ent of their turnover with persons and/or odies not under his ownership or conrol, or the control of the associated comany. Since its formation, the Association as applied these objects.

rime object

s the qualification for membership xcludes retailers who have wholesale onnections, and the multiple shop hemists, it necessarily follows that the rime object of its members is to provide satisfactory and efficient service to indeendent general practice pharmacists and ospitals.

Early in its existence, NAPD produced code of practice, which all members are ecommended to apply to the distribution f prescription products. This demands hat they must ensure that their stocks of rescription products are adequate, comrehensive and maintained at a level constent with normal stock turnover as well s being correctly rotated. It also requires hembers to arrange to take into stock, rescription products prior to their being etailed to the medical profession, in rder that the distribution pipe-line is lled before prescriptions are presented by he patient to the general practice pharhacist and hospital dispensaries. It furher requires all members to provide dequate storage facilities which may be equired by the nature of products norhally stocked.

The Medicines Act of 1968 requires wholesalers to be in possession of a wholesale dealers licence and much of the legislation which has now been enacted, has resulted from co-operative discussion between the Department of Health and the NAPD, and has already been applied by Association members since, at least, 1966.

Dispatch section of Jaynox Ltd's depot at Newstead, Stoke-on-Trent. The wholesaler's parent, Barclay & Sons, are members of NAPD

The paramount concern of members is, perhaps, to ensure that the general practice pharmacist receives an efficient and reliable delivery service of products required to dispense National Health prescriptions. Whereas, adequate and comprehensive stocks of prescription products are held by all members as the "common denominator", the majority also carry most of the counter lines required by the general practice pharmacist, many being offered at advantageous terms providing they are supplied in case lots.

In order to be able to continue to provide the adequate service necessary to enable the general practice pharmacist to dispense NHS products virtually on demand, the NAPD, in 1967, agreed to contribute towards the costs of presenting the case for the retention of resale price maintenance on prescription products, initiated by members of the Association of the British Pharmaceutical Industry. Prior to the case being heard in April 1970, an intensive investigation, lasting almost three years, into the demand and flow and resulting stock levels of many prescription products was undertaken, to produce irrefutable evidence on the economics needed to run a national and efficient distribution service. Much of the actuarial evidence presented to the Court hearing was produced from information obtained from a representative sample of NAPD members. The Association also raised, by means of a levy on its members, a sum in excess of £37,500 towards the ABPI costs of presenting its case in the Court. The judgment virtually guaranteed that a full stock range would continue to be held by NAPD wholesalers and has preserved, to a large degree, the excellent service available to the general practice pharmacist and hospitals, which existed at that time.

The labelling of prescription product packs has also been investigated and action by the NAPD, resulting in constructive recommendations being made to certain manufacturers, has produced benefits which must now have become apparent to the general practice pharmacist.

The Association has also held several discussions with the Home Office involving the Misuse of Drugs Act, 1971. Consultations are still proceeding in an effort to overcome some of the difficulties which could still arise by the acceptance of certain draft proposals.

In order to appreciate and discuss the points of view expressed by other pharmaceutical interest, a close liaison is maintained with other pharmaceutical trade associations, namely, the ABPI, NPU Proprietary Articles Trade Association and the Proprietary Association of Great Britain. It is also represented on the industrial practice subcommittee of the Pharmaceutical Society. In this way, the pharmaceutical service presently available, dove-tails well into the other interests referred to.

Liaison has been established and actively

continued on p820

WHOLESALING

continued from page 819

maintained with wholesalers operating overseas, and in particular, the Continent because of Britain's pending EEC membership. This has been desirable in order to learn more about their methods of operation and their relationship with general practice pharmacists, and to investigate potentially more sophisticated operating systems, which certain overseas wholesalers have adopted, in particular, the use of computers for invoicing, accountancy and stock control, has been closely followed up and applied by over two-thirds of the NAPD membership. Computerisation leads, both in the long and short term, to greater efficiency in the production of invoices, by ensuring accuracy of invoicing and a reduction in the time taken to render accounts.

The visits to overseas wholesalers have also enabled the Association to learn more about the marketing and merchandising of products manufactured for direct consumer sale. Many of the ideas acquired may well be implemented in the future, and these should assist the UK pharmacist to retain, if not retrieve, most of his traditional pharmaceutical counter business, too much of which is now being channelled through supermarkets and chain stores.

Whereas, the wholesale dealers licence requires wholesalers to participate in the recall of products which may be found to be unsafe or unsatisfactory, the Association has operated a simple and successful drug recall scheme since 1967. It is hoped that parts of the present proven system, will be included in any future legislation.

Problems which are likely to arise by the imposition of a value added tax in April 1973, have been carefully studied, and instructive papers have been presented to NAPD wholesalers, describing efficient and simple ways of applying this new method of taxation. A visit to Denmark recently concluded, provided experience on how that country adopted a similar system to that which will be imposed in the UK next year.

It is essential that the problems of providing an expensive and sophisticated wholesale pharmaceutical delivery service, should be recognised by every general practice pharmacist in the form of obtaining his support. It is hoped that the cordial relationship which exists between members of the NAPD and their general practice pharmacist customers, will be cemented and preserved during the troublesome and difficult periods which appear to be facing the pharmaceutical distributive industry of this country, at the present time.

Sangers Ltd are to open a new depot at Novers Hill Trading Estate, Novers Hill, Bristol, on December 1. The manager will be Mr M. McBryde.

A financial service for pharmacists

For Unichem Ltd 1972 is likely to be the most significant 12 months in the organisation's 34-year-old history. Expansion of operations and services have been the keynotes of the year which culminated this week in the announcement of a special link-up with Lombard North Central, one of the leading finance houses in Britain.

The deal with Lombard North Central, a subsidiary of National Westminster Bank, establishes a finance service for independent pharmacists and is a logical and important extension to the business brokerage service set up by Unichem recently (*C&D*, September 30, p463).

"Our aim," says Unichem managing director Mr Peter Dodd, "is to constantly improve the benefits to our customers. The combined brokerage and finance service now gives the independent pharmacist real strength if he wants to sell his business or buy one."

He believes that "multiple groups, often allied with wholesale organisations, have been snapping up the cream of pharmacy businesses almost immediately they get on to the market."

"We are seeking to ensure that not only will the independent pharmacist have the opportunity of buying a business, but will get the financial support if he requires it. This will mean in turn that a pharmacist who offers his business for sale through the Unichem brokerage service will be guaranteed a financially sound buyer."

There are no restrictions on the use of either of these Unichem services. Any pharmacist, whether he is a customer or not of Unichem Ltd, whether or not he is setting up in business for the first time, or whether he is expanding his existing pharmacy, is eligible to profit from them.

Mr Dodd says use of the financial/brokerage service is simple with a strong confidential element built into the system of operation. Pharmacists either wishing to buy or sell should contact Mrs Marjorie Miller, at Unichem Ltd's headquarters in Crown House, Morden Surrey (telephone: 01-540 3831), who will immediately set the organisation in motion.

Independent negotiation

Potential buyers will be put in contact with those offering a business for sale; if financing is required, the individual will be passed to Lombard North Central and any negotiations will be conducted completely independently of Unichem, who make no charge for their services.

Under the scheme, Lombard North Central will provide facilities for:

- ☐ Modernisation schemes (shopfronts, fitments, and equipment); and
- ☐ purchase of pharmacies.

Modernisation loans will be repayable over a three to five-year period at a flat rate of interest of 8½ per cent a year.

Finance for buying a business would normally be repaid over a period of up to 10 years. The terms of each application will be considered and agreed separately, and in some cases a long period of repayment could be negotiated.

Mr Peter Dodd states: "One of the most serious problems facing some go-ahead pharmacists today is the difficulty of getting sufficient financial resources for expansion. The arrangement with Lombard North Central now means they can get this help quickly and at the most favourable rates available."

"Pharmacists want to practise as pharmacists and are not always well qualified to undertake financial negotiations and planning. We are now able to offer them a package of services which includes guidance on shop design and layout, site location, stock control, as well as business and financial advice and assistance."

A spokesman for Lombard North Central commented: "The face of the High Street is constantly changing and pharmacists, in common with many other independent businessmen, need financial help to keep pace. We are delighted to be able to offer our experience to pharmacists in conjunction with Unichem."

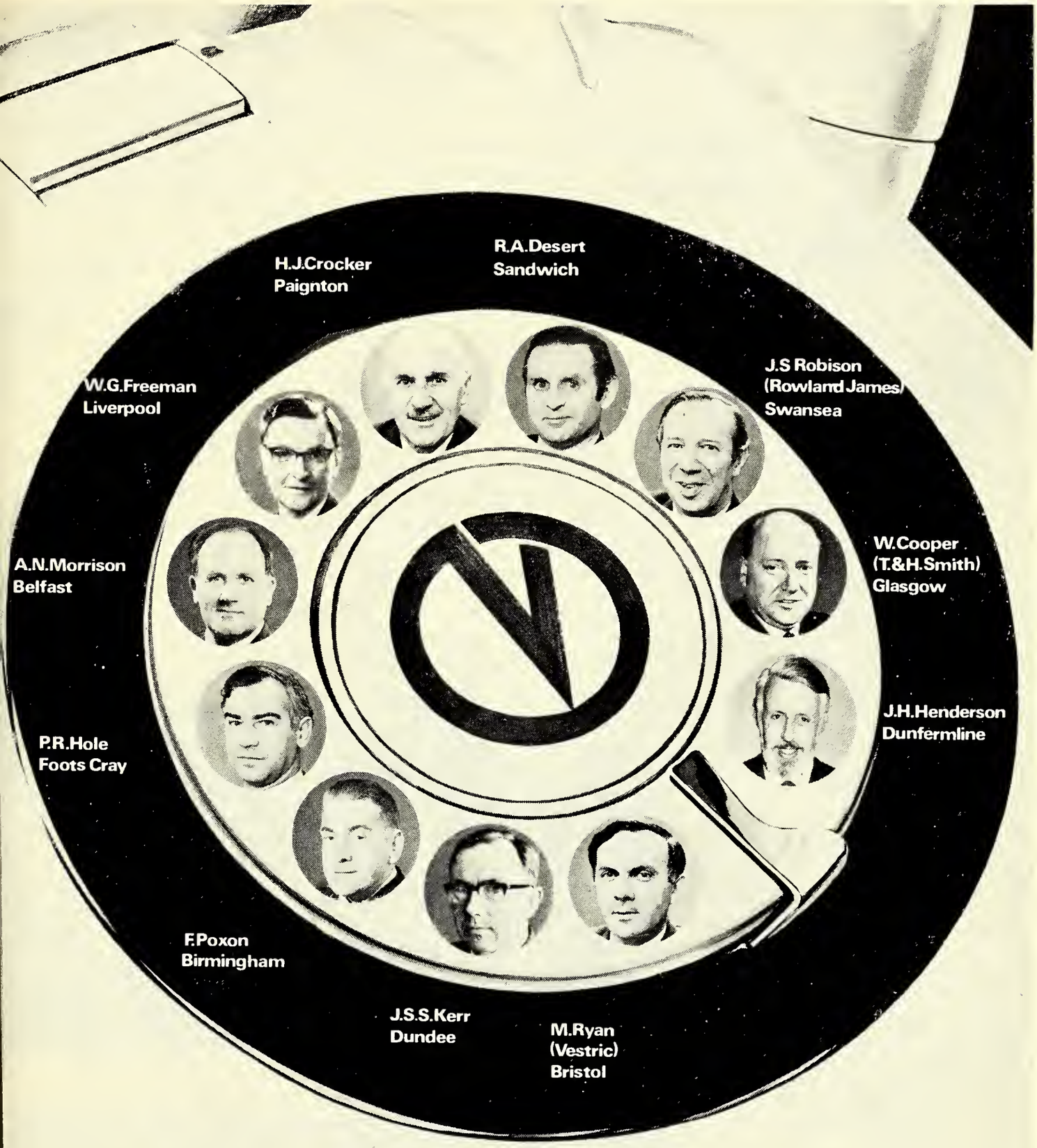
Looking back on 1972, the restyled Unichem management can take some satisfaction in the turnround of the organisation's fortunes. With their targets set firmly on expanding distribution and improving customer benefits, the business has risen steeply and profitably. The first step a year ago was the takeover of Holdens of Sheffield, which coupled with the existing operation in Leeds, gave Unichem a solid base to serve pharmacists in the north of England.

Service in Midlands

The opening of a major extension to the Nuneaton warehouse improved and expanded their service in the Midlands and last week (*C&D*, p757) came the announcement of moving into South Wales for the first time.

The company believes that their linked "stock record and order system" launched nationally recently is the first of its kind in Britain. After an initial pilot scheme had proved the value of the system in improved stock keeping and faster stock turnover, it was spread over the whole country.

"The independent pharmacist has been under severe competitive pressures from many sources and we believe it is our duty and responsibility to strengthen his defences in all practical ways. Only by keeping pace with all modern business and marketing techniques can we hope to achieve this objective," said Mr Dodd.



Vestric People ②

INTRODUCING:
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WHOLESALING

VAT problems: how the wholesaler can assist

The decision to introduce a system of value added tax (VAT) into Great Britain in April 1973, one of the preparatory stages for our entry into the European Economic Community, will affect almost all manufacturers, wholesalers and retailers in the pharmaceutical industry.

Although each of the European Economic Community countries has adopted a VAT system, apart from Italy which will do so in the near future, there are at present many differences between the systems operated by the individual member states in the detail of the system employed; differences in the goods and services which are exempt in one country as opposed to another; the number of rates; and in the variance in rates charged. All these factors will have to be standardised before complete harmony can be achieved.

As should be well known by now VAT will replace purchase tax, and since it will not be restricted to the supply of goods, but will include services, will also replace selective employment tax. Like purchase tax, VAT is an indirect tax, a tax on expenditure.

The method of operation of the new tax has also been covered in *C&D*. What is not yet known and cannot be until after the operative date is how smoothly the changeover will take place and particularly how far the facilities of the wholesalers can be used to help lighten the load of the retailer faced for the first time with collecting the tax on the consumer.

In common with all companies Vestric Ltd have been studying for some time the possible effects on its business of the introduction of this most complicated piece of legislation. It is the intention to effect the introduction of VAT with the minimum amount of problems for customers and for the company.

Experience

The company already have experience of dealing with purchase tax on its sales and therefore the problems in this area will be small compared with organisations which have not had the benefit of this experience.

A good deal of work has and continues to be done within Vestric on the preparation of new stationery including invoices and statements which will carry the required information laid down by the regulations in a way helpful to customers.

It will be possible for customers to easily extract figures essential to allow them to calculate their own "output tax" according to the system recommended by the National Pharmaceutical Union.

The new invoices and statements will clearly show the cost value of goods purchased at zero-rate, helping customers to comply with step 3 of the NPU scheme ("From purchases records isolate the cost value of goods *purchased* at zero rate"). These goods include baby foods, health foods, books, etc.

The company are fortunate in having a computer installation capable of meeting demands for the complicated and time-consuming calculations. The fact that VAT, unlike purchase tax, is calculated after trade and settlement discounts have been deducted poses problems, but they say it will be possible to provide customers with clear, accurate information in the form of invoices and within a short time of the execution of the order. One advantage is that all 34 of the company's branches are now linked directly to their computer centre at Speke, Liverpool, ma ing this important service available to a customers throughout the UK.

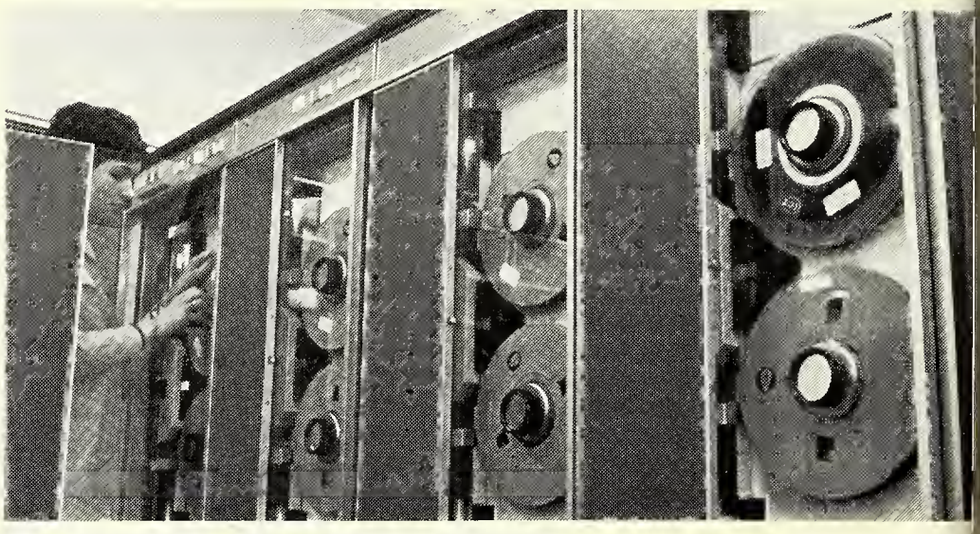
It has been necessary, however, to tal a long and careful look at the company purchasing documentation where acu problems arise. If adequate records a not kept of supplies of all kinds on whi tax has been paid, the company will n be able to reclaim the amount paid whi of course will adversely affect the sta of the business.

At April 1, 1973, retailers will have their shelves goods on which they ha paid purchase tax, and in selling them th will be obliged to charge VAT. In ord to relieve the element of double taxatio traders who are registered for VAT ma put in a claim for the purchase tax whi they have paid on their stocks as at Mar 31, 1973. This will be re-paid to them.

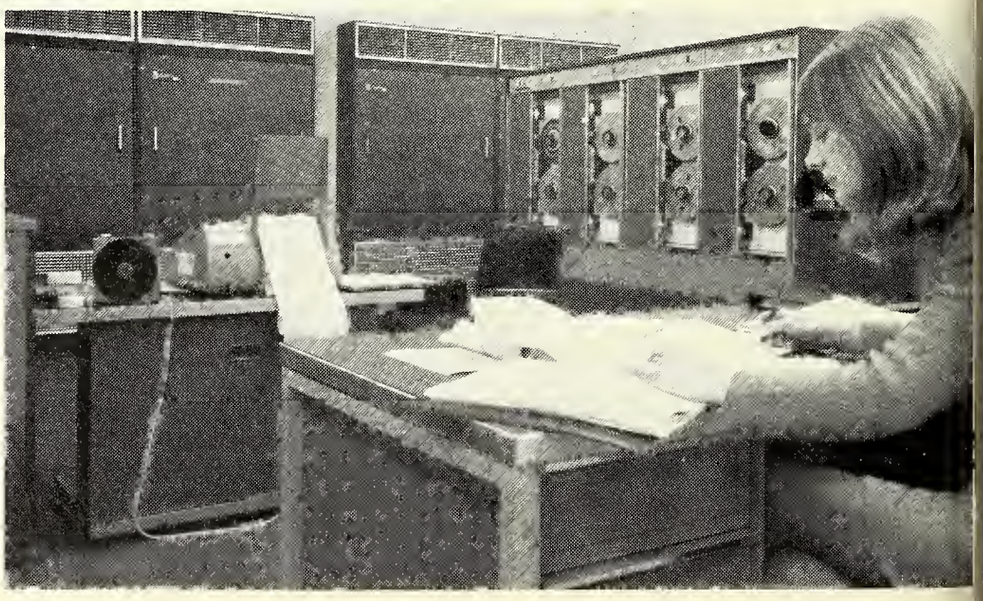
Importance of registration

This is one more reason why it important that retailers whose turnover in excess of £5,000 a year should regist as soon as possible and definitely befo April 1, 1973, as rebate is only availab to registered traders. Because of this co cession it now appears that there will n be a "tax holiday" as the Governme had originally suggested.

There are many areas of uncertain still concerning the introduction of VA but it will be the wholesalers' continui endeavour to minimise those problems.



Views of the computer system and staff which are playing an important part in Vestric's preparation for the introduction of VAT



Polaroid's oint venture

twenty-minute tape and slide presenta- n of the 1973 Polaroid sunglass collec- n has been the centrepiece of four highly cessful meetings which a West Country olesaler organised to renew face-to-face tacts on a social basis with a large mber of its customers recently.

The wholesaler, Evans Gadd and Co Ltd, eter, staged social evenings for custom- in Falmouth, Plymouth, Bristol and eter. With the company's directors ilable at each meeting, more than 200 st of England chemists took up the in- tion to preview the 1973 Polaroid glasses and discuss over cocktails and buffet supper many aspects of their siness with the supplier.

Evans Gadd have a long history in the st of England. Founded in 1790, the npany now have branches at Bristol d Plymouth in addition to their head ice and warehouse at Exeter and sup- s approximately 700 retailers in the ion. The company started to promote siness in Polaroid sunglasses four years and had increased sales by over 200 per cent by the end of the 1972 summer.

The company is one of the first sunglass wholesalers to use the 1973 Polaroid sunglass presentation, which was prepared by Polaroid (UK) Ltd specifically for use by wholesalers planning sunglass discussions with their customers.

The sunglass presentation was supported by Polaroid in several ways, initially helping with the design and issue of the invitations to Evans Gadd customers, in mounting a display of the new season's sunglass designs and associated merchandising and advertising displays, and in having Polaroid UK sales staff at each meeting to assist the wholesaler in answering particular questions from the customers.

Distributing bottles

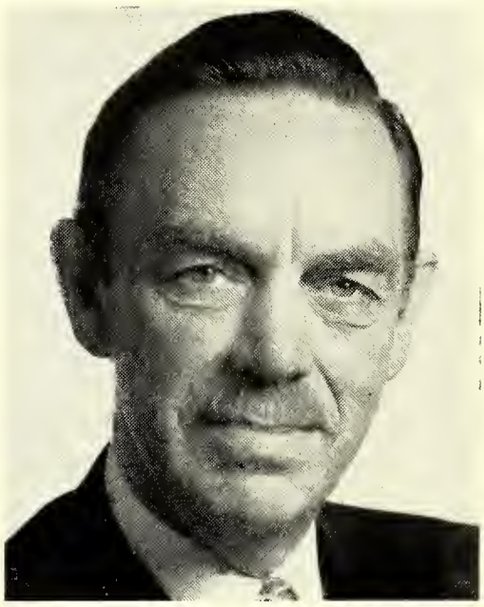
Because of their weight and brittle nature the distribution of glass bottles to the pharmaceutical and cosmetic industries has always been an expensive operation for the manufacturer.

Beatson Clark & Co Ltd helped to minimise this problem by opening distribution centres which provided an improved storage and delivery service to their customers. These are at Northampton and Barnsley. At Beatson Clark's glass works in Rotherham a new export distribution centre was commissioned last month. Also this year equipment is being installed to improve inspection and packaging at the lehr end (a later stage in production).

Group's MD

Vestric Ltd have appointed Mr J. C. Stewart, the present deputy managing director, to succeed Mr W. A. Kinnear, as managing director when Mr Kinnear retires from the company at the end of December, after 27 years' service.

Mr Stewart read history and law at Trinity College, Dublin, before joining



Mr J. C. Stewart

the export marketing organisation of British Celanese Ltd in 1952. He was appointed deputy managing director of Vestric in January 1970.

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The independent wholesaler for the independent pharmacy.

Branches at Calne, Corfe Mullen and St. Helier (C.I.) which, together with Head Office, offer a comprehensive service with full pharmaceutical facilities.

Market News

Crude drugs firm

London, November 22: The weakness of the £ sterling coupled with shortages of many commodities in the crude drugs section continued to affect the prices of several items during the week. Nutmegs retained and in fact added to last week's advanced prices, Belladonna leaves were firmer at £320 metric ton on the spot. Also dearer were Alleppy green cardamoms, cinnamon bark, Madagascar cloves and several varieties of ginger. Lemon peel was £10 ton dearer on spot and for shipment. Shipments of Tinnevelly senna from Tuticorin during October were:

	US Tons	UK Tons	Europe Tons
Senna leaves	—	—	161
pods	—	—	144

In essential oils bois de rose was slightly firmer. Lemongrass was not quoted on the spot although a parcel was available for shipment. Spot Chinese peppermint was sharply reduced following the arrival of new supplies from origin. A report of the British Pharmaceutical Commission for 1971 just published says of the titles of monographs of the official varieties of dextrose that in scientific and medical circles the name used is glucose. The term 'purified glucose' and 'medicinal glucose' will therefore not be officially recognised after 1973. The proposed new titles for dextrose will be glucose and dextrose monohydrate.

Pharmaceutical chemicals

Alcohol: (Per proof gal). Synthetic ethanol in 2,500 bulk gal lots—96 per cent, £0·245 and 99·9 per cent, £0·257 in tank wagon; £0·260 and £0·272 in drums for 900-bulk gal; industrial grade 95 per cent £0·172 in bulk and £0·187 in drums.
Amylobarbitone: 50-kg £3·75 kg; sodium £4·30.
Barbitone: 50-kg lots £2·65 kg; codium £2·65.
Butabarbital: 50-kg £5·35 kg; sodium £6.
Butobarbitone: £5-kg kg for 50-kg lots.
Dextromethorphan: Hydrobromide £98·80 kg.
Kaolin: BP is £66 per 1,000 kg in sacks.
Magnesium carbonate: Heavy £192, light £184 per metric ton.
Magnesium hydroxide: BPC £560 metric ton.
Magnesium oxide: BP (per metric ton); light £560; heavy £890.
Magnesium peroxide: 50-kg lots 23-25 per cent £0·59 kg.
Magnesium sulphate: BP from £42 metric ton exsiccated £75-£80 ton, ex works.
Magnesium trisilicate: £470 metric ton
Methylated spirits: (Per bulk gal, delivered) 45-gal drums minimum 900 gal, industrial 66 op £0·324; perfumery quality 68 op £0·377; mineralised 64 op, £0·338. In tank wagon, 2,500-gal the rates are £0·301; £0·354, £0·315 respectively.
Sodium benzoate: One-metric ton lots £28·33 kg.
Sodium bicarbonate: BP £26·40 per long ton for 8-ton lots in 1-cwt bags delivered.
Sodium carbonate: 89-100% from £23·47 long ton delivered; anhydrous £107.
Sodium chloride: Vacuum dried £8·15 per long ton in plastic sacks for 6-ton lots, ex works.
Sodium citrate £313 per metric ton.
Sodium percarbonate: (Per metric ton) £170·75.
Sodium potassium tartrate: £295 per metric ton.
Sodium sulphate: BP from £35 to £40 per metric ton as to crystal. BP exsiccated £60 ton.
Sodium thiosulphate: £50 per metric ton.
Thymol: In 1-ton lots £2 per kg.

Crude drugs

Aconite: Spot £1,125 metric ton; £1,000, cif.
Agar: (lb) Kobe not quoted; European £0·73.
Aloes: (metric ton) Cape primes £340 spot; £315, cif. Curacao £740 spot; £675, cif.
Balsams: (lb) Canada £2·15 spot; shipment £2·10, cif. **Copaiba:** BPC £1·25. **Para:** £0.40. **Peru:** £1·17, £1·12, cif. **Tolu:** BP £0·70.
Belladona: (metric ton) leaves £320 spot; £315, cif. Herb £250; £225, cif. Root, £320 nominal spot.
Benzoin: BPC £40 to £42 cwt spot; £37-£40, cif.
Buchu: Spot £2·20 kg spot; £1·98, cif.
Camphor: BP natural powder £1·50 kg spot; £1·00 cif. Synthetic BP £0·57 kg in 500-kg lots.
Cassia: Lignea, whole £765 metric ton cif.
Cardamoms: (Per lb cif) Alleppy greens No. 1, £0·90; prime seeds £0·90.
Cascara: Spot £450 metric ton; no cif offers.
Cherry bark: Spot £380 metric ton, cif.
Chillies: Zanzibar £600 ton spot.
Cinnamon bark: Seychelles £345 ton cif. Nigerian funtua new crop £360.
Cinnamon quills: four O's £0·27lb; quillings £0·14 lb, cif.
Cloves: Madagascar £1,620 metric ton, cif.
Cochineal: Tenerife black-brilliant £7 kg spot; £6·85, cif. Peruvian silver grey £6·30 spot, £6·25 cif.
Cocillana: Spot £700 metric ton.
Colocynth pulp: Spot £700 metric ton.
Dandelion: Root £520 metric ton spot; £500, cif.
Ergot: Spot £3·10 kg.
Gentian: Root £490 metric ton spot; £480, cif.
Ginger: (ton) Cochin, new crop £230, cif. Jamaican No. 3 not quoted. Nigerian split £220 spot; £200, cif; peeled £320 spot; £310, cif. Sierra Leone, March-May £310.
Gentian: Root £480 metric ton spot; £470, cif.
Gums: Acacia: Kordofan cleaned sorts £305 metric ton spot, £280, cif. **Karaya:** No. 2 faq £22 cwt. spot. **Tragacanth:** (cwt) No. 1 spot £300, No. 2 £280.
Henbane: Niger spot £430 metric ton; £420, cif.
Honey (Per ton in 6-cwt drums ex-warehouse) Australian light amber £308·50, medium £298·50. Canadian £412·50. Mexican £340. Chinese light amber £297.
Hydrastis: Spot £2·80 lb; £2·60, cif.
Jalap: Mexican 15% resin £1,000 metric ton.
Kola nuts: West African halves £95 spot; shipment £85 metric ton, cif.
Lanolin: Anhydrous BP minimum 1,000 kg £375 to £415; cosmetic grade £430.
Lemon peel: Spot £330 metric lon; £310, cif.
Liquorice root: (metric ton) Chinese £100. Russian £110. Spray-dried powder £396, delivered. Block juice £431·50.
Lobelia: American herb £780 metric ton, cif.
Lycopodium: Indian £1·75 lb; Russian £2·25, spot.
Menthol: (kg) Chinese spot £6·90, shipment £5·85, cif. Brazilian spot £3·90; shipment £3·85, cif.
Mace: Grenada No. 1 £952 ton, fob.
Nutmeg: (Per ton, cif). Grenada: 80's £715; sound unassorted £600, defectives £515, all cif.
Nux vomica: Shipment £100 metric ton, cif.
Quillala: £650 metric ton nominal.
Pepper: (ton) Sarawak black £380, cif; white £550, cif.
Pimento: Jamaican £830 long ton, cif
Podophyllum: Emodi £350 metric ton cif (new crop).
Rhubarb: From £0·30 to £1·50 lb.
Saffron: Mancha superior £84 kg.
Sarsaparilla: Spot £0·62 lb; no cif offers.
Senega: Canadian £1·80 lb spot; £1·70, cif
Senna: (lb) Tinnevelly No. 3 faq leaves £0·06½; pods, hand-picked £0·11; manufacturing £0·08½; Alexandria h/p £0·52 ex wharf manufacturing £0·26 nominal.
Squill: White spot £320 metric ton, £270, cif.
Seeds (ton) Anise: China star £175, spot shipment £125, cif. **Caraway:** Dutch ex wharf £1,060, virtually unobtainable. **Celery:** Indian £300; shipment £265, cif. **Coriander:** Moroccan £80, cif. **Cumin:** Indian £325, cif. Chinese £275 metric ton, cif. **Dill:** Indian, for shipment £140, cif. **Fennel:** Indian £200, cif. Chinese £220 metric ton. **Fenugreek:** Moroccan £69, cif. **Mustard:** £60-£120 spot.
Styrax: £2·30 lb spot; £2·25, cif.
Tonquin beans. Angostura £850 metric ton afloat.
Tumeric: Madras finger £190 ton; £175 cif.
Valerian: (metric ton) Continental £280; £275 cif; Indian £270 spot; £265, cif.
Waxes: (ton) **Bees:** Dar-es-Salaam, spot nominal; shipment £660, cif. **Candella** £570 on spot, £545 cif. **Carnauba** prime yellow, spot £720; £660, cif. fatty grey £425 and £355, cif.
Witchhazel leaves: Spot cleared; new crop £820.

Essential oils

Bois de rose: Afloat £4·30 kg, cif.
Cedarwood: American £1·25 kg, cif; Kenyan £1·70 spot.
Cinnamon: Ceylon leaf £1·27 kg, spot and cif. Seychelles leaf rectified £3, cif. Bark, BP £2·20 English distilled bark £93.
Eucalyptus: 70-75 per cent from £0·85 kg.
Geranium: (kg) Bourbon £15·75 kg; Congo £14.
Lemongrass: Spot not quoted; £2·20 kg, cif.
Peppermint: (per kg) Arvensis Chinese, spot £3·30; Nov-Dec £2·70, cif. Brazilian £1·65 spot; Jan-Feb £1·60, cif. American piperata from £1·60.
Spearmint: American £4·40 kg spot; Chinese £5·00, cif.

Coming events

Monday, November 27

Harrow Branch, Pharmaceutical Society, Clinical research centre, Northwick Park Hospital, Watford Road, Harrow, at 8 pm. Dr M. Liebermann (consultant paediatrician) on "The management of inborn errors in metabolism".

Leicester Branch, Pharmaceutical Society, Postgraduate medical centre, Leicester Royal Infirmary, at 8 pm. Dr D. Samsone (general practitioner, Leicester) on "Chemotherapy of gastrointestinal disturbances" (lecture course).

Wednesday, November 29

Ayrshire Branch, Pharmaceutical Society, Marine Court Hotel, Ayr, at 7.30 pm. Dinner and dance.

Chester Branch, Pharmaceutical Society, Queen Hotel, Chester, at 7.30 pm. Annual dinner and dance.

Joint Pharmaceutical Analysis Group, Pharmacy lecture theatre, University of Wales, Cathays Park, Cardiff, at 2.30 pm. "Questions and answers in pharmaceutical analysis."

Manchester, Salford Branch, Pharmaceutical Society, Grand Hotel, Aytoun Street, Manchester, at 7.15 pm. President's dinner and ball (ticket £3).

Sheffield Branch, Pharmaceutical Society, Royal Victoria Hotel, Sheffield, at 7.30 p.m. Dr A. Usher (Department of forensic medicine, Sheffield University) on "The chemistry of death".

Society for Drug Research, Pharmaceutical Society, 17 Bloomsbury Square, London WC1, at 10.30 am. Symposium on "Anxiety". Fee £1.50 for non-members.

West Metropolitan Branch, Pharmaceutical Society, Great Western Hotel, Paddington Station, London W2, at 7.15 pm. Dr H. Davis (former chief pharmacist, Ministry of Health) on "Pharmacy as I have seen it".

West Midlands Branch, National Pharmaceutical Union, Royal Hotel, Ablewell Street, Walsall, at 8 pm. Annual meeting, followed by a discussion on "The NHS contract".

Thursday, November 30

Leeds Branch, National Pharmaceutical Union, Golden Lion Hotel, Lower Briggate, Leeds, at 8 pm. Mr J. Charlton (deputy secretary, Central NHS (Chemist Contractors) Committee) on "The basis of NHS remuneration".

Southend Branch, Pharmaceutical Society, Overcliff Hotel, Manor Road, Westcliffe-on-Sea, Essex, at 8 pm. Mr J. T. Mearns (director of studies, University of Bath) on "Drug dependence —a social disease."

Sunday, December 3

Yorkshire Region, Pharmaceutical Society, University of Leeds, Woodhouse Lane, Leeds 2, at 10.30 am. Regional conference. Mr C. C. Stevens (vice-president Pharmaceutical Society) on "The future of pharmacy in the Common Market"; Inspector Clough (Bradford City Police) on "The problems of drug addiction and the safety of drugs within the pharmacy", and Mr A. Howells on "The reorganisation of the National Health Service."

Rural pharmacist elected o NPU Executive

ural area pharmacists have a new voice the National Pharmaceutical Union ecutive with the election of Mr D. L. leman, Stalham, Norfolk, to represent stern division 3. The election follows the ath of Mr R. H. Drain in September. oting figures were:—

L. Coleman, Stalham	91
E. Q. James, Canvey Island	61
V. Hammond, Bishop's Stortford	29

Voting papers issued numbered 342: 6 were returned, of which 181 were lid. The return represented 54.4 per cent.

Mr Coleman told *C&D* on Monday that hoped to represent the views of both ral pharmacy and the single-handed oprietor. In both cases, the form of actice tended to give the pharmacist a ferent outlook on problems from those th three or four pharmacies. For exple, half-a-dozen pharmacies in an outhours rota might involve 100 square les in country areas.

However, Mr Coleman says he has symthy with health centre and redevelopnt problems in towns, through exrience in his father's Norwich pharmacy. has also a record of innovation, having ablished a second shop in his village for by and beauty products in 1969 (*C&D* arch 28, 1970, p442).

ne pharmacist nd his AT campaign

victory for democracy", is how Mr J. Fell, FPS, Saffron Walden, Essex, cribes the Treasury change of heart out treating purchase tax paid as a VAT ut when the new tax is introduced in ril 1973.

Mr Fell has conducted a persistent eamgn of letters to the national Press oughout the planning stages of VAT— l in particular over recent months about treatment of purchase tax—and he has n informed that his efforts were inmental in altering the Chancellor's ision.

Mr Fell told *C&D* on Tuesday that he ieved pressure by the National Pharceutical Union and organised industry l had little effect since it was addressed inly to HM Customs & Excise, which ld only operate within the brief given the Government.

Mr Fell learned of his success from a asury MP, who contacted him on the ning of the Chancellor's statement. His ction "To have this effect by privately sing hell through the papers is encouragfor anyone interested in democracy."

A letter from Mr Fell, praising the ancellor's action was published in last k's *Economist*—but it asked Mr Barber to make "the ultimate democratic gesture" by postponing the introduction of VAT until informed debate has determined the ideal form of the tax for the UK.

However, Mr Fell admitted to *C&D* that since the purchase tax decision, the pharmacist's vested interest and best be served by the introduction of VAT.

Nature of doctors inquiry announced

The independent committee of inquiry on the running of the medical profession which the Government decided to set up last week will have wide terms of reference.

It will "consider what changes need to be made in the existing provisions for the regulation of the medical profession; what functions should be assigned to the body charged with the responsibility for its regulation; and how that body should be constituted to enable it to discharge its functions most effectively."

Sir Keith Joseph, Secretary of State for Social Services, announcing the decision in the Commons, said that he had kept in touch with the issues being discussed by a joint working party of representatives of the British Medical Association and the General Medical Council. But there were "still substantial differences of opinion on a number of questions" and it was evident that the discussions would not have been completed within the envisaged six months.

Sir Keith had thought it right not to wait any longer before establishing the inquiry because the functions of the GMC were "very much the concern not only of the medical profession, but of the public."

Fined for absence of DD entries

A 40 years old pharmacist was fined £220 on eight charges under the Dangerous Drugs Act at Thorne, Yorks court last week. Mr Aubrey Thomas James, Finkle Street, Thorne, pleaded guilty to two charges of failing to keep Dangerous Drugs in a locked receptacle and six charges of failing to make entries in the register. He also asked for 22 other offences to be considered.

Mr James was said to have told the police he had used a system of leaving drug records until he could put several on the register together.

Lilia-White prize presented

Mrs Susan Mann, the winner of the second section in the Lilia-White (Sales) Ltd national competition for Lil-let tampons was presented with her prize—a British Leyland mini—last week by Mr Norman Simpson, Lilia-White's sales director. The car was handed over at the chemist, Hugh Lloyd, 34 Market Place, Falloden Way, Hampstead Garden Suburb, London, NW11, where Mrs Mann purchased the pack for her winning entry. Nearly 20,000 entries were received.

Mr Arthur H. Whitehead, MPS, who has been employed at the pharmacy for 20 years, was given a £100 cheque to be spent in "any way he chose for the benefit of the shop staff". He told *C&D*: "This is the first time we have won anything at the shop. It makes a pleasant change for an independent chemist to win a prize."

At the presentation (left to right): Mr Norman Simpson (sales director, Lilia-White), Mr Arthur Whitehead, Mrs Mann and Tony Fuller (Lil-let marketing executive, Lilia-White).

PATENT APPEAL: Judge criticises Hoechst

Opposition by Farbwerke Hoechst AG and their subsidiary Hoechst UK Ltd, to the grant of a compulsory licence of their patent for making the diuretic drug frusemide, to DDSA Pharmaceuticals Ltd, of London, has been dismissed, with £250 costs, by Mr Justice Whitford in the High Court.

The Hoechst companies, which sell the drug under the trade mark Lasix, appealed to the judge, sitting as a Patent Appeal Tribunal, against the licence grant by the Superintending Examiner of the Patent Office on September 7, 1971.

The judge, in a reserved decision, said Hoechst first contended that no licence should have been granted, but that, if a licence was granted, it should contain new terms and some of the decided terms should be varied. They also claimed the royalty was too low. Lasix sales were an important part of Hoechst business. Sales to hospitals started in 1963 and were a success.

DDSA could be regarded as a "one-man" company—Dr Solomon—and Hoechst's objections to the licence were centred on his personality. Dr Solomon owned 1,999 of the 2,000 shares in Chelsea Drug Co, Ltd, which virtually owned DDSA. Hoechst called Dr Solomon "a professional applicant for compulsory licences" which was not intended to be complimentary.

When voluntarily seeking a licence from Hoechst, DDSA, offered a royalty of 20 per cent of Hoechst's net selling price, which was refused. Dr Solomon intended to sell at 75 per cent of the Hoechst price.

Hoechst said they did not want a drug which was 85 per cent of their market being sold by a man they considered unsatisfactory in every way. "In putting forward their case for total refusal upon the ground of irresponsibility, Hoechst have acted lamentably," said the judge. Their case should have been properly pleaded to enable Dr Solomon to meet the matters raised. The question of irresponsibility was dropped before the superintending examiner.

Hoechst had raised questions of company structure, organisation and finance. They also said, "as it suits Dr Solomon's book, so does he swear". On both charges Hoechst had not even begun to make out a *prima facia* case to "establish this very grave charge".

There was no good reason why the licence should not be issued, but it should be varied to order that the tablets should bear DDSA or a distinctive brand name.

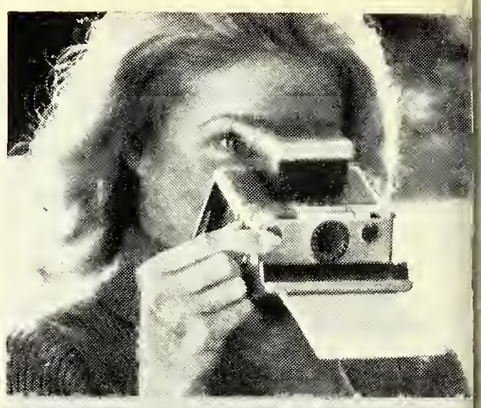
The royalty figure of the superintending examiner was based on sales at 20 per cent below the patentee's price and fixed at 27 per cent, but as the drug would be sold at 25 per cent below the Hoechst price, the royalty should be 29 per cent, and the licence varied accordingly.

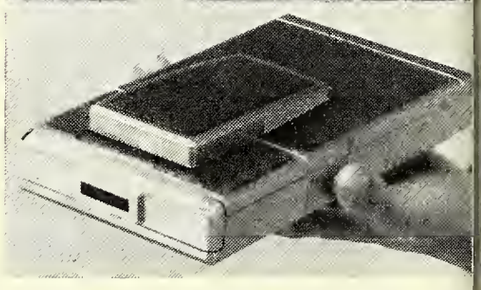
New Polaroid camera — a 12-month wait

The revolutionary Polaroid SX-70 camera and film system introduced to Southern Florida retailers by Polaroid Corporation in October will not be available in the UK market for at least a year.

The new system, to be launched nationally in the US early in 1973, produces a colour picture that develops outside the camera. The camera when closed, is the size of a "paperback book".

The SX-70 camera is a folding single





lens reflex, electronically controlled with a new four-element lens capable of focusing from 10·2in. It is virtually automatic: the user composes and focuses the picture and then presses the red, electric, shutter button.

The developing picture emerges from the camera less than two seconds later. The film is in a slim, flat pack containing 10 film units.

Each film is automatically ejected from the camera, hard and dry, 1·5 seconds after the user pushes the electric shutter button.

As the exposed film unit is driven from the camera, the pictures area is turquoise. Within moments, the colour image begins to emerge even in the brightest light. The viewer can watch the image materialise. There is no need to time the development. No parts of the film need be discarded.

No price for the camera has been established but in the States the suggested price is $180.

To manufacture the new self-processing SX-70 negative in high volume, Polaroid have constructed a new £40,000,000 plant.

Mr R. V. Campbell, MPSNI, studies a portrait of himself which was presented to him at a dinner following a ceremony at which he received the freedom of the borough of Bangor co Down. Mr Campbell, who owns two pharmacies in Bangor, is a former mayor of the town

Medical care in developing countries

Ways and means of spreading medical resources so that they are available to the maximum number of people in the developing countries are discussed in the latest OHE booklet, *Medical Care in Developing Countries.*

The booklet mentions that well over half of the current medical care expenditure of about £1 per person per year in the developing countries is spent on sophisticated treatment available only to a minority. In particular very expensive prestige hospitals in capital cities leave the basic causes of ill health in the mass of the population untouched.

Irish benevolent fund dance

The Benevolent Fund Dance of the Pharmaceutical Society of Ireland is being held in the Shelbourne Hotel, Dublin, on Tuesday, December 5, 10 pm-3 am.

Tickets (£3·30 each) are available from the Committee secretaries at 18 Shrewsbury Road, Ballsbridge, Dublin 4.

Hospital Guild working on new salary claims

Mr G. Raine reported progress towards reparing a claim for improved salaries for ospital pharmacists at a Guild of Hospital harmacists Council meeting on November 1. It was agreed that the Department of Iealth be asked to give a decision on which ody would be responsible for negotiating harmacists' salaries for posts designated nder reorganised Health Service. An ndication of when those negotiations ould commence would also be sought.

Council members were asked to contriute information which would allow the alaries committee and the staff side of the Vhitley Council to prepare a claim docuient by January for both present salaries nd salaries for the 1974 posts.

The council expressed concern that anagement arrangements under reganisation were being proposed at local evel and that pharmacists should make ure that all arrangements agreed would ot conflict with the policy laid down and o far agreed with the Department of Iealth.

It was agreed to supply district members vith copies of the Guild's policy statenent so that when called upon to give dvice they could inform the various local ommittees of this policy.

The council discussed the document prepared by the Department's pharmaceutical ivision on the pharmacy advisory easures for 1974 and agreed that the aper prepared by the Pharmaceutical ociety on this subject should be used as a asis for the Guild's policy. The Departent would be informed of any divergence e Guild may have from this Paper.

The weekend school in 1973 was to be eld at Kings College, Old Aberdeen, on Iarch 30 to April 1. The fee was fixed at 16·50 and application forms and proramme would be available shortly.

The day conference would be held on aturday, May 19, 1973, at Bedford Colge, London. The general meeting of the uild would be held on the same day.

Mr Arthur Marston, former group chief harmacist at United Birmingham Hospital. as to be made an honorary member of e Guild.

Government to keep eye on Christmas packages

Mr P. Rose asked the Secretary for Trade nd Industry, on Monday if he would ke action to prevent sudden price increas- being passed on to the consumer by eans of special Christmas packages.

Sir Geoffrey Howe, Minister for Trade nd Consumer Affairs, replied "the genel principle is that a minor modification a product does not remove it from e operation of the prices standstill. My department will scrutinise particular cases closely in the light of this principle."

Following this announcement there was confusion as to whether the price of Christmas coffrets could be greater than the combined price of the items.

The Department of Trade and Industry's pricing unit told *C&D* that if the goods were bought before the freeze started (November 6) there would be no objection to a charge for the package. In fact if delivery were taken later than that date they did not think any objection would be taken because the customer could always buy the items singly if he objected to paying a charge for the container.

However if the "Special Christmas package" consisted only of a sleeve or other "minor modification" (as Sir Geoffrey Howe put it) and the price charged was substantially higher in consequence then the Department would take a different view.

Special insurance for pharmaceutical makers

A special policy providing cover for legal liability arising out of the supply of pharmaceuticals and other related products has been produced by Fenchurch Group Brokers Ltd, in conjunction with Sun Alliance and London Insurance Group, Sun Alliance and London will lead the underwriting of the scheme in which a number of insurers will participate. Initial indemnity limits of up to £500,000 have been arranged.

The new facility is designed to protect manufacturers and distributors of pharmaceuticals, cosmetics, veterinary products and other medicinal or chemical compounds. The scheme includes cover for claims arising out of defects in design formula or specification, unlike, it is understood, many products liability policies. The policy will also provide indemnity for legal liability for consequential loss claims by any customer of the insured following loss of practice, custom, or trade arising directly out of accidental injury or accidental damage to property caused by the product.

The policy also provides indemnity for legal liability arising from errors or omissions in instructions for use and incorrect packaging in connection with products supplied causing accidental injury or accidental damage to property.

Commenting on the scheme, Mr John Cuthbert, a director of Fenchurch Group Brokers, said: "In spite of the valuable work done by the Committee on Safety of Medicines, a problem remains in the insurance market in providing cover for legal liability arising out of the supply of pharmaceutical and other related products.

Reciprocity brings in more locums

The reciprocity arrangements for pharmacists registered in Australia and New Zealand which permitted them to practise in Britain again (subject to certain requirements) from the beginning of last year led to an increase in the numbers of locums available states the annual report of the National Pharmaceutical Union for 1971.

The report says that there were very few times during the year when supply and demand of locums were in balance—shortage of employment for locums in the quiet months: shortage of locums in the busy periods.

Lesley Thornton (centre) who is employed at Ross Chemist, 68 Ormande Street, Sunderland, was winner of the nationwide Richardson-Merrell's Clearasil competition. Among her prizes was a £250 spending spree at Miss Selfridge. She is pictured here at the store's beauty bar with make-up girl Barbara James (left) and cosmetic consultant Hilary Lubin. Second prize in the competition went to dispensing assistant Lesley Boon who is employed by N. J. Phelan, Walton, Stone, Staffs.

Company News

Sangers good first half — and better to come

Sangers Ltd made a profit, before tax of £744,000 on a turnover of £18·18m in the half year ended August 31. The corresponding figures in 1971 were £541,000 and £15·22m respectively.

The net profit was £446,000 (against £325,000). The directors state that since the end of the half year, turnover has continued to show a satisfactory increase and subject to unforeseen circumstances it is expected that the profits for the second six months to February 28, 1973, will exceed those of the first six months.

As in the past years an Ordinary dividend will be recommended when the accounts for the whole year are completed. They advise that stockholders can expect a "substantially greater distribution than previously, subject to Government legislation".

City sundriesman to be wound-up

Creditors of John Harrington (Ludgate Hill) Ltd, dealers in chemists' sundries and perfumes, formerly of Ludgate Hill, London EC4 meeting last week in London were told that the business was originally a partnership which commenced in July 1968 with Mrs Estelle Grossman and Mr John Alfred Muscat as partners.

The opinion was expressed that certain payments possibly constituted undue preference and would be a matter for investigation during the course of the liquidation of the company. Assets comprised cash totalling £1,200 against which creditors were owed £4,690.

After discussion creditors resolved to confirm the voluntary winding-up of the company with Mr Ronald P. Booth, FCA, of Booth White & Co, 1 Wardrobe Place, Carter Lane, London EC4, as liquidator.

ICI growth held in third quarter

Group profit, before tax and investment grants, of Imperial Chemical Industries Ltd in the third quarter was £41m compared with £23m in the same period of 1971. Group sales amounted to £418m (against £388m) bringing the total for 9 months to £1,247m (£1,136m) of which £578m (£529m) went to the home market.

The director says that group profits in the third quarter have maintained the momentum reflected in the second quarter. They include a credit of £4m on the overseas currency figures at the floating rates

Advertiser's announcement

SANGERS LIMITED

(Wholesale Chemists)

Interim Statement

The Directors of Sangers Limited announce that the Consolidated Results (unaudited) of the Group for the half year ended 31st August, 1972 are as shown below. Figures for the previous year are added for comparison.

	Half Year to 31/8/72 £	Half Year to 31/8/71 £	Full Year to 28/2/72 £
Turnover	**18,183,000**	15,219,000	31,259,000
Profit before Taxation	**744,000**	541,000	1,215,000
Corporation Tax	**298,000**	216,000	495,000
Net Profit	**446,000**	325,000	720,000
Gross Dividend on Preference Stock	**19,000**	19,000	38,000
Profit available for Ordinary Stockholders of Sangers Limited	**427,000**	306,000	682,000
Earnings Per Share	**7.38p**	5.29p	11.78p

Turnover has increased by 19 per cent and profit before taxation by 37½ per cent.

Since the end of the half year turnover has continued to show a satisfactory increase and subject to unforeseen circumstances it is expected that the profits for the second six months to 28th February, 1973 will exceed those of the first six months shown above.

As in past years an Ordinary Dividend will be recommended when the Accounts for the whole year are completed. Stockholders can expect a substantially greater distribution than previously, subject to Government legislation.

Bayer sales and profits rise

Worldwide sales of Bayer AG in the firs nine months of the year totalled DM8,965r or 9·6 per cent more than in the equivaler period of 1971.

Profits before tax at DM662m were u 23 per cent.

The parent company achieved an im provement in sales of 7·2 per cent t DM5·020m. Exports, which accounted fo 56·2 per cent (55 per cent) of the tota were up by 9·5 per cent.

The chairman, Dr Kurt Hansen state that next year the parent company inves ment in fixed assets will be about DM600m against this year's DM530m. Over th 1972-76 period the parent company plan to invest about DM3,300m., the foreig subsidiaries DM2,100m and the domest subsidiaries DM1,600m.

Discharge application

An application for discharge from a 195 receiving order by a former cosmetic manu facturer was adjourned at Londo bankruptcy court recently. He is Solomo Wilenitz, formerly trading at 8 Cirencest Street, London W2, and 578 Old Fo Road, E3. Now aged 56 and living on disablement pension, he has estimate debts of £1,066 and assets of £5. He obtai ed a degree in chemistry in 1940. H attributed his failure to insufficient dema for his products and to a bad debt.

Odex Racasan's profit up

Odex Racasan Ltd had a group profit £236,000 before tax on sales of £1·84m the six months ended September 30. 1971 the corresponding figures we £178,700 and £201,300 respectively. Th directors say that under normal circun stances this would justify an increase the interim dividend; but this is having be held unchanged from last year, at 2·3 per share, because of government requir ments.

Briefly

A. J. Seward & Co Ltd have acquired th assets of John Ware Pharmaceutical Seward is a member of the United Afric Group and has substantial pharmaceutic interests in Africa. The acquisition wi provide an enlarged manufacturing ba for standard tablets, capsules, and oth products sold by the group.

Unilever Ltd and Unilever NV's combin profits increased from £52·5m to £61·7 in the third quarter of 1972. Unilever Ltd share of the third quarter figure wa £25·3m against £21·6m.

Management Studies Centre Ltd are mo ing their offices to Assets House, Elvert Street, London SW1P 2QH (telephon 01-834 9171) on December 18.

Mitchum-Thayer Ltd's address for correspondence is now 86 Brook Stre London, W1Y 2BA.

Empire Stores (Produce) Ltd and su sidiaries have been acquired by Hi London Shops Ltd.

Appointments

lport Brothers Ltd have appointed Mr dley C. Bryers, their export manager.

istol-Myers' products division have pointed Mr Gerald Beddal their group oduct manager.

ellcome Foundation Ltd have appointed D K. Klingenschmidt, chief executive South and Central Africa. He joins the undation on January 1, 1973.

ton Group of companies have appointed J. R. B. Gould financial controller in cession to Mr D. Hollis who has retired. J. C. Savin (29) has been appointed nagement services manager with respon- ility for the group's computer systems.

llair Cosmetics Ltd: Mr Richard Berwick been appointed national sales mana- . He succeeds Mr Laurie Inman who been appointed to the newly created sition of sales promotion and develop- nt manager.

ennen (UK) Ltd have appointed Mr chael Lefort special services manager. Lefort who recently returned to Eng- d after five years service with Mennen Canada, will be responsible for new siness development within the company.

l & Howell: Mr Gerald E. A. Perutz, ef executive of Bell & Howell Europe l managing director of Bell & Howell l, has been elected a corporate vice- sident of Bell & Howell Co of Chicago, nois. He is the first executive based in rope to become an officer of the parent npany.

3 Pharmaceuticals Ltd have appointed J. Hayes, BPharm, MPS, manager— dical and technical services. The follow- medical representatives have now been pointed: Messrs J. C. Hartley (covering rth-west London); B. E. Blacklee ent); R. T. Parker (South Essex) and I. Metcalfe (Manchester area).

ylor Nelson & Associates, market re- rch consultants have appointed Mr ger Brice a senior project director in ir pharmaceutical division. He was pre- usly with the North-west Metropolitan gional Hospital Board in charge of tistical and information services.

Norman A. Brick, the general manager the European Region within the Eastman dak International photographic division, been elected a vice-president of the tman Kodak Co, Rochester, USA. Mr ck, who was formerly chairman and naging director of Kodak Ltd before nquishing these posts to take up his sent appointment in 1971, started his eer with Kodak in 1933 as an operator the company's Harrow factory.

Topical reflections

BY XRAYSER

Our future

With Britain's entry into the Common Market now imminent, it is necessary to learn all we can about the practice of pharmacy in the countries with which we are to be closely associated. An opportunity to learn something of the conditions obtaining in those countries geographically closest, namely France and Belgium, was presented at the Chiltern regional conference at Slough on November 16, when addresses were given by Messrs Jean Brudon and Edward van Vré.

Geographically, we are frequently reminded, Britain is really part of Europe, but pharmaceutically the distance seems to be the breadth of the Atlantic rather than the width of the English Channel (if that description is still acceptable). It is clear from what Mr Brudon had to say about pharmacy in France, that there is little in common between what he described and what we see around us, and on several visits to that country during which I have made a fairly close examination of the conditions, I have no reason to doubt his assertion that the present state of pharmacy there is one of the most satisfactory in the world.

It is of interest that a list of limitations of the range of goods which may be sold in the pharmacy was published in 1943 at a time of German occupation and one wonders whether that list was drawn up by French pharmacists themselves or was imposed by the occupying authorities to conform to what was then German practice. If the latter is the case, it is ironical that the first dilution of pure pharmacy in Germany appeared in the American zone.

Meantime, as we "progress" in this country, pharmacy in its diversification is faced with cut-price chemist chains and supermarkets in which so-called traditional goods are being offered at less than cost.

To compete is an impossibility, and pharmacy's future surely lies in an endeavour to make itself independent of many of the sidelines and by a gradual return to professional practice such as that described at Slough. It will be a long and difficult struggle, but it must be faced. At present we are off the track and heading for disaster.

Steroids

I had not realised that just across another strip of water, the Irish Sea, it was permissible to purchase steroid topical ointments without prescription. It seems that a physician in Cork, who has seen undesirable results from too free a use of such ointments and creams, has written to the Pharmaceutical Society of Ireland stating that he thinks that those highly-complex steroids should be available only on prescription. The doctor politely asked the Society's views on the matter, and from your report I gather that the Society thinks that the case will be met by issuing a caution.

The Society may yet consider an approach to the medical profession so that joint talks may take place to find out whether, in the public interest, there should not be some form of control. An opportunity has been offered by the Cork physician for professional co-operation and I think it should be explored by a joint inquiry.

Deaths

Hassard—On November 19, Mr William Albert Hassard, MPSNI, Ard-Lee, Grange, Newtownstewart, co Tyrone. Mr Hassard qualified in 1948, being awarded the Pharmaceutical Society of Northern Ireland gold medal. He entered business in Main Street, Newtownstewart, where he carried on the pharmacy of T. Hassard Ltd until the time of his death.

Williams: On November 21, Mr A. E. Williams, 8 Hatherley Gardens, London, E6, aged 76. Mr Williams joined H. & T. Kirby & Co Ltd in 1926 as what was then known as a "commercial traveller", and for over forty years visited chemists in various parts of London and East Anglia.

A colleague writes: Mr Williams was a great character, an old style salesman whose clients became his friends. He will be well remembered by many.

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Manufactured by Bayer Germany, Mafu should now be ordered from Cuprinol Ltd, Frome, Somerset.
Tel: Frome 3017

PLANNED FOR '73
Powerful promotion to make it a sell-out year for you. Watch for further announcements

New products and packs

Cosmetics and toiletries

Christmas 'bird' launch

Cussons have introduced a new range of talcum powders called Baby Bird aimed at the teens and twenties market. The talcs are presented in cylindrical containers, banded at the neck in a choice of four colour combinations and are called Woodlark, Night Owl, Pied Piper and Cool Chick (£0·32). The talcs come in pale pastel shades, each with its own fragrance. They are available in a coloured dispenser holding one dozen assorted talcs (Cussons Sons & Co Ltd, Kersal Vale, Manchester M7 7GL).

Look Pretty Natural

Pretty Naturals from Angel Face is a new makeup collection consisting of three products, each with a moisturised formula. They are Make-Up Mousse (£0·36) a lightly covering make up that comes in five shades; Cream Blusher (£0·45) which come in four shades all slightly pearlised, presented in a mirrored compact; and Lipstick (£0·32) with a glossy formula in four shades. The colourful counter dispenser holds three of each shade of the items in the Pretty Naturals range including lipstick testers (Chesebrough-Pond's Ltd, Victoria Road, Willesden, London NW10 6NA).

Greaseless moisturiser

Estee Lauder Performance Creme (£6·75) is a new moisturiser which, say the manufacturers, permits the skin to breathe and increases its capacity to retain moisture as well as protecting it from air pollution. Recommended for use under makeup and night cream, Performance Creme is packaged in a 1¾oz white jar with gold/white cap. Available from mid-January (Estee Lauder Cosmetics Ltd, 71 Grosvenor Street, London W1X 0BH).

Slimming aid

Muesli in bar form

Fisons Ltd have added a new type of meal replacement to their Bisks range, the Bisks Muesli bar (£0·17) which is made in Switzerland. The manufacturers say only natural ingredients are used plus added vitamins. The new product is available in single meals packs and is delivered in a display outer containing 24 units (Fisons Ltd, Pharmaceutical Division, Harvest House, Felixstowe, Suffolk).

Electrical

Adaptable shaver

The Combina travelling set (£9·20) is a new Swiss shaver with a trimmer, oil bottle and zip pouch. The shaver has a rhodium-plated foil and the head is said to be

designed "to deal with extremely tough whiskers in comfort". This shaver is also incorporated into a "family set", converting the shaver into two other appliances, a hairclipper set, and a five-piece massage set. The massage heads cope with scalp massage, body massage, and cosmetic application and skin massage. The "family set" (£15·30), and both types are also Dual Volt, with the accessories able to be added separately to the travelling set. (Gordon Miller Ltd, 10 Stafford Road, Wallington, Surrey).

For the hair

Musical chore

Most children dislike having their hair brushed, so Jackel turns a chore into fun by the Tommee Tippee musical hairbrush (£0·39). It comes in three colours, blue, orange and sunshine yellow, and has very soft nylon bristles to care for fine hair and is packaged for maximum impact, (Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland).

New look for Royal Sweden

Royal Sweden have redesigned their hairbrushes, their packaging and reduced their number of brush styles to the four basic shapes. These are the Semi-Radial which is recommended for short, curly or layered hair; the Ballerina suitable for short/medium length straight hair; the Twist recommended for long and curly styles and the Club, for straight hair. Royal Sweden also offer the Club hairbrush boxed for men. These brushes are available in either a mixture filling of synthetic fibre/bristle set into birch wood or pure bristle set into elm wood, priced at £1·35 or £2·50 (Jackel & Co Ltd, 56 Wigmore Street, London W1).

Sundries

Anti-flea dog tag

Latest addition to the range of Shell consumer products is the Shellgard anti-flea tag, designed to keep small dogs free from fleas. The tag works on the principle of controlled release of Shell Vapona insecticide, releasing minute quantities over a period of at least eight weeks. It is distributed by Sherleys on behalf of Shellstar Ltd (Sherleys Ltd, Ashe Laboratories Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey).

Choc drops for dogs

Phillips Yeast Products have introduced Vetzyme Choc Drops (£0·7) to their range of products for dogs. These choc drops are vitamised and are available in 2 oz bags. They are packed in outers of 18. The company also make a range of dog chews in four flavours: aniseed, mint, chocolate and beef which are individually packed on a skin-wrapped card (£0·15). Cards are packed three dozen to an outer (Phillips Yeast Products Ltd, Park Royal Road, London NW10 7JX).

Oral hygiene

Cordless toothbrush

The cordless, rechargeable Touch-Tronic toothbrush by Water Pik (£12·50) is supplied complete with six colour-coded brushes and recharge stand with storage points for brushes.

Main features are automatic start when correct pressure is applied to the teeth, elliptical action, induction charging system, ease of operation and a five-year graduated warranty (Teledyne AquaTec UK, Alexandra Street, Hyde, Cheshire SK14 1DY).

Trade News

Foam absorbency
A polyether foam, Drakaphyllic, that absorbs moisture on contact and that is claimed to retain more than 30 times its own weight in liquid has been introduced by Draka Foam Ltd, Dinting Lodge Industrial Estate, Glossop, Derbyshire.

The manufacturer's explain that normal plastic foam only absorbs liquid by suction or when the material is already damp, but liquid dropped onto Drakaphyllic "immediately soaks into the material."

Suitable for sterilisation, the plastic foam has applications as mattress covers for incontinent patients, tampons, babies' nappies, surgical swabs, wound and burn dressings and other uses where its moisture absorbent qualities coupled with its body consistency are claimed to give advantages over existing materials. Made to a density of 2lb/cubic foot the material should not shred or break down in use.

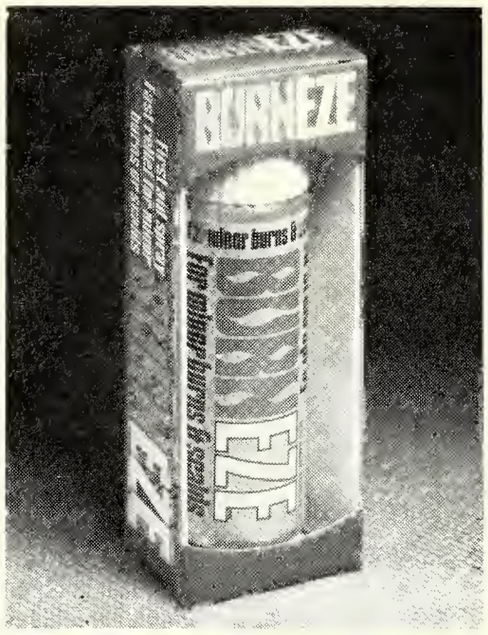
Ovran price in Eire
John Wyeth & Brother Ltd, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH, have increased the price of Ovran in Eire. The price to the trade will be £0·30 and the retail price £0·45.

Oleo resin supplies
H. E. Daniel Ltd, Longfield Road, Tunbridge Wells, Kent, state that they are favourably placed to offer oleo resins competitively. Of particular interest to the manufacturing chemist is capsicum for which they can offer the following BPC formulas—1923, 1949, 1959 and 1968.

Kodak prices
In a letter to customers Kodak Ltd, Hemel Hempstead, Herts, have confirmed that all price increases for goods and services already scheduled to become effective in the UK on or after November 6, 1972, have been cancelled.

Stomahesive on EC10
Stomahesive, a plaster for peristomal skin protection, from E. R. Squibb & Sons Ltd, Regal House, Twickenham, Middlesex, is available on EC10 prescription from the beginning of December. The product was described in *C&D*, April 1, p455.

Hollister products distribution
As from January 1 1973 all Hollister products previously supplied by Chas F Thackray Ltd, including Indent-A-Band, Cord Clamps, U-Bags, and Plastibell, will be available only direct from Abbott Laboratories Ltd, Queenborough, Kent. The range of Hollister ostomy products has, since its introduction in spring 1971, been supplied by Abbott. This latest move is a rationalisation of supplies and distribution of the total Hollister range.



Burneze from Potter & Clarke, 9 Wellesley Road, Croydon, is now packed in an individual window display box. The can inside is printed in one colour with white and yellow lettering.

New presentation
Get Set hairspray from Alberto-Culver Co, Culver House, 44 Newington Causeway, London SE1 6DX, now has a redesigned can for the giant size 303gm pack and also the 150gm standard size. The standard size, which was previously packed in a 6oz can with 120gm fill, has been upgraded to an 8oz can with 150gm fill.

Sole distributors
Farillon Ltd, Romford, have been appointed sole distributors by Ethichem Ltd, 139 St James' Drive, London SW17, for their concentrated Witch Hazel preparations Witch Doctor and Witch Stik, which are now available in new improved formulations and display packs of 1 dozen. The prices remain at £0·19 and £0·29 respectively.

Discontinued item
Indocid capsules 25 mg 30 pack of Merck Sharp & Dohme Ltd, Hertford Road, Hoddesdon, Herts have been discontinued.

Thru Gel withdrawn
Minnesota 3M Laboratories Ltd, Morley Street, Loughborough, Leicestershire LE11 1EP, have withdrawn Thru Gel from the market. Thru Liquid will continue to be available.

Bonus offers

Gordon Miller Ltd, 10 Stafford Road, Wallington, Surrey. Dealers ordering one Smart Set or one Ultimate electric razor with a Combina family set or travelling set may purchase one R13 electronic for £8·50.

Varta Batteries Ltd, Hanger Lane, London W5 1EH. Varta batteries. 10 disposable torches free with each order worth £50.

Prescription specialities

ADMUNE-MONO vaccine
Manufacturer BDH Pharmaceuticals Ltd, Birkbeck Street, London E2
Description Monovalent inactivated influenza virus vaccine containing in 1ml 600IU of A/England/42/72, suspended in buffered saline solution with 0·013 per cent thiomersal
Indications Influenza prophylaxis
Contraindications Sensitivity to egg or viral protein
Dosage Adults and children over 12 years of age: 1ml. Children 5 to 12 years: 0·5ml by deep subcutaneous or intramuscular injection
Storage Between 2° and 10°C, must not be frozen, protect from light
Packs Ampoules of 1ml (£0·70 trade) and multidose 10ml vial (£5·38)
Issued November 1972

NYSTATIN-DOME ointment
Manufacturer Dome Laboratories division of Miles Laboratories Ltd, Stoke Court, Stoke Poges, Slough, Bucks
Description Yellow ointment containing nystatin 100,000 units/g in a water-repellent petrolatum base
Indications Susceptible fungal infections of the skin, especially those due to monilia (*Candida albicans*) organisms
Contraindications Known sensitivity to any of the ingredients
Method of use Apply to the affected area two or three times daily. Continue applications for one week after lesions have healed
Precautions If new infections appear, institute appropriate therapy and if irritation appears, discontinue medication. Keep away from eyes
Storage In a cool place, shelf life 1½ years
Packs Tubes of 15g (£0·40 trade) and 30g (£0·75)
Supply restrictions TSA
Issued December 1, 1972

PROSTIN E_2 injection
Manufacturer Upjohn Ltd, Fleming Way, Crawley, Sussex
Description Ampoules containing an ethanolic solution of prostaglandin E_2 (dinoprostone) 1mg/ml. Ampoules of diluent containing 18ml normal saline and 0·9 per cent benzyl alcohol
Indications Induction of labour, therapeutic termination of pregnancy, foetal death in utero, missed abortion and hydatidiform mole
Dosage, etc See literature
Storage The alcoholic solution should be kept refrigerated, when it is stable for 12 months at 4°C. Prostin E_2 is sensitive to acid, alkali or heat
Packs 0·75ml ampoule (£3·19 trade), 5ml ampoule (£7·07) and 2ml ampoule plus diluent (£5·52)
Supply restrictions On prescription only and confined to hospitals with specialist obstetric and gynaecological units.
Issued November 1972

Bright new packaging.
Handy new size.
Good old Angiers.

Generations of caring mothers have chosen Angiers for their children. Now you can offer them a new handy pack containing 16 tablets, slim and convenient, a size that research* suggests mothers need.

More mothers than ever before are choosing Angiers the name you can recommend with confidence.

So stock up and display Angiers the brand leader with a proven record.

Good old Angiers.

A BRISTOL-MYERS PRODUCT

Angiers Junior Asprin. 16 Tablets 8p; 50 Tablets 14p. Cold Relief Drink 20p. *AAL Study. April 1972.

Promotions

Paddi Pad brochure

An eight-page colour brochure on Paddi Pad disposable nappies made by Robinsons, are now included in Bounty Bag gift bags. The company say they are the only participants in their field to be included in the scheme (Robinsons & Sons Ltd, Wheat Bridge Mills, Chesterfield).

Kettle descaler campaign

The Kleenoff Co have launched new advertising campaigns in support of their cooker cleaner and Kay-Dee kettle descaler. *Woman's Own, Woman's Realm, Woman's Weekly, Family Circle* and *House and Garden* are being used to promote Kleenoff cooker cleaner with the slogan "Whatever way you clean, we've got the right pack". The promotion will run until July 1973 (Kleenoff Co Ltd, Crawley, Sussex).

Sample offer success

More than 37,000 readers took advantage of the Merrydown Martlet cider vinegar sampling offer in the September issue of *Woman & Home* said a spokesman for Merrydown. Special recipes using cider vinegar were published by *Woman & Home* in support of the offer, whereby readers received a voucher for a free 13oz bottle in exchange for sending in a coupon.

The company report a considerable increase in sales since the offer began and, as the next step in their campaign, they plan a series of cider vinegar advertisements in *Good Housekeeping, She* and various trade journals over the next six months. These advertisements incorporate the heading "Golden rule for slim good health" and will highlight the benefits of cider vinegar as a slimming aid.

Similar advertisements are planned in the New Year for Honegar, the Martlet blend of honey and cider vinegar which the company recommend for the relief of asthma, hay fever and arthritis (Merrydown Wine Co Ltd, Horam Manor, Heathfield, Sussex).

Co-op cuts the cost

For the first time most of the 530 Co-op pharmacies will be taking part in a nationally advertised campaign featuring a variety of special offers. Additional campaign lines will be highlighted in window and store displays. The price offers will continue until December 30 and the total campaign is advertised on television plus double-page spreads and full-pages in the *Daily Mirror, The Sun, Daily Mail, Daily Express, Weekend, TV Times* as well as colour pages in women's magazines.

The principle objective, said a spokesman, is to reduce the strain on family budgets.

Angel Face use actress

The launch of the new Angel Face Pretty Naturals collection was supported by a six-page, full-colour, editorial-style feature in the November 1 issue of *Vogue* and whole-page colour advertisements will be seen in other fashion magazines aimed at women under 24. Photographs of Sian Houston, the young actress who is featured in advertisements for Pretty Naturals, also forms the backboard of the counter dispenser for the range (Chesebrough-Pond's Ltd, Victoria Road, Willesden Road, London NW10 6NA).

Pairs for 1973

For sale on January 1, 1973, Helena Rubinstein offers four "beauty pairs". Beauty overnight cream (£1·65) with free deep cleanser; herbal skin tonic (£1·35) with free Silk beauty washing grains; Skin Dew emulsion (£1·40) with free Silk fashion coverfluid; Skin Dew emulsion (£0·85) with free Silk fashion minute make-up compact special. Helena Rubinstein Ltd, 31 Davies Street, London W1Y 1FN.

Hedex winter build-up

An advertising campaign broke this week for Hedex Seltzer, the new brand from Sterling Health Products. Using 30-second television commercials, backed by a national press campaign, Hedex Seltzer will be heavily supported in the weeks leading up to Christmas.

These lemon-flavoured granules, say the makers, dissolve in water faster than other Seltzer products and will effectively relieve headaches and upset stomachs. And, like its parent brand Hedex, the new product contains paracetamol. It is available in unit cartons (£0·15) with each carton containing four sachets. Each of these 5g adult dose sachets contains 1g paracetamol, 60mg caffeine, 1·54 solium bicarbonate and 1·24g anhydrous citric acid (Sterling Health Products, 2 St Mark Hill, Surbiton, Surrey KT6 4PH).

A new symbol

Reckitt & Colman Pharmaceutical Division have recently introduced a symbol to describe visually their "natural anthrone" laxative Senokot.

This follows from recent research into the mode of action of Senokot from which it was concluded that the product's colon-specific action was due to a natural sugar "protection" on the molecule. The sugar component prevents activity in the stomach and small intestine, but is split off by bacterial action in the colon, releasing the active anthrone. It is also the sugar protection advantage that makes Senokot water soluble—a property not shared by the synthetic ingredient 1, 8-dihydroxyanthraquinone.

Intended to protect the natural vegetable origins of the plant the symbol is normally printed in green to emphasise this point. Other important associations are the protective properties symbolised by the leaves surrounding the active ingredient (anthrones) and an allusive link between the colon punctuation mark and Senokot's colon-specific action.

The symbol is intended to remind pharmacists involved with giving occasional advice on laxative usage of the desirability of a colon-specific action when faced with a choice of laxatives.

on TV next week

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann, CI = Channel Islands.

Alka Seltzer: All areas
Alpine Spring (bath additive): So
Askit powders: So, G
Beechams powders: All except E
Buttercup syrup: M, Lc, Y
Close Up: All except E
Faberge: All except E, CI
Falcon: Ln, M, A
Gillette G2: All except E
Gillette Techmatic: All except E
Hedex Seltzer: All except A, U, G, E
Lux soap: All except E
Menthalin: All except E
Old Spice: All areas
Oriental Spice: So
Philips-Philishave: All except E, CI
Remington electric shaver: All except E
Sandrine: All except E, CI
Sunsilk hairspray: All except E
Sunsilk shampoo: All except E
Tabac: Ln, Y, NE
Three Wishes: All except E
Tom Caxton home brew: Ln, M, Y, WW, So, NE, A, We, B, E, CI
Vicks Sinex: All except U

Comment

Flu in flux

harmaceutical manufacturers are gradually mastering he once omnipotent influenza virus. Recent innovations hould soon come to grips with that shifty organism. here can now be little doubt about the effectiveness of urrent vaccines, but what lags behind is public and fficial attitudes towards influenza prophylaxis.

It is estimated that the 1969-70 Hong Kong flu epidemic ost the country £118m in lost income, that meant over 5 million lost working days and was responsible for everal thousand deaths. In such a situation excessive train is put on the resources of the health service and nembers of the health professions. Against that type of ackground a comprehensive vaccination programme is ttractive, but as is well known, the viruses involved have fickle nature and mutate.

The first reasonable influenza vaccine was prepared oon after the isolation of the causative virus nearly 40 ears ago.

But early vaccines were impure giving rise to severe ide reactions and took long periods to produce. Previous roducts also contained too little virus or virus of strains nly distantly related to the contemporary virulent strain. urthermore, vaccination usually confers short-lived mmunity of about a year's duration. But the pandemic ituation cannot be avoided until vaccination is carried ut on a large scale.

The enormous efforts of the vaccine producers and the conomic risks they take, also deserve such compenation. Authorities seem to agree that good vaccine dministered at the right time can now lead to a 70-80 er cent protection rate. That high percentage has been chieved because of several developments, such as the se of high speed jet injectors which enable up to 600 eople to be treated in an hour. Other changes reported y *Chemist and Druggist* in recent months, include the se of a superior purification process, zonal centrifugaon, and the introduction of the first intranasal ommercial spray.

Research is continuing into the use of immunological djuvants such as stable water-in-oil emulsions and "compound reverse phase" emulsions, with both vegetable and mineral oils. These can reduce the viral dose required, raise antibody titres and increase the duration of a broader spectrum of antibodies.

A method of crossbreeding of strains called "recombination" may lead to the rapid production of live attenuated vaccines to virtually preclude epidemics.

But there are still refinements needed in several directions. It is a peculiar situation that the Duphar organisation use about 20,000 good quality eggs *a day* which are used as media for viral growth. In the future tissue culture methods might be employed as for some rubella vaccine production.

Keeping one step ahead of variants in vaccine production is a great problem. The latest complication is the arrival of a new influenza variant A/England/42/72, (*C&D*, October 21, p588). BDH Pharmaceuticals Ltd announce this week that a monovalent vaccine, Admune-Mono, containing the strain is now available from them (page 840).

The company in a special news bulletin, say that the variant has both haemagglutinin and neuraminidase antigenic changes but those could be attributed to "antigenic drift" rather than the emergence of a new subtype. BDH say that reports suggest that 20-30 per cent of the population might have some immunity to the new strain. It's bulletin continues, "sporadic cases of influenza have been reported in the UK during recent weeks and all cases typed have been due to the new strain". The bulletin adds that other vaccines currently available will produce some antibody levels against the strain.

It seems quite possible that there will be another epidemic. But in general, as in this case, the more that vaccines are employed, the more chance there is of avoiding a rapid outbreak situation—even when the vaccines are not completely specific to a virulent strain.

Virology workers talk of "herd immunity" giving 100 per cent protection when mass vaccination is used in a closed community. Satisfactory control exists in the case of other diseases, perhaps with perseverance influenza may be conquered too.

Letters

Nationalisation

ow naive of Mr Blum to tell us that nadequacies in remuneration would be medied by nationalisation" (last week, 11).

After years of hard bargaining by many uild officers, the position in the nationased part of the service is shown in the tter in the same issue, from Jean W. West, at hospital pharmacists, because of their w pay, are "in need" when it comes to aying for the service.

I commend this thought to Mr Blum nd ask him who has the magic wand. Meanwhile I remain a disillusioned pharacist in the service.

F. H. Rawlings
Bristol

Once again Mr Blum comes upon the scene with another of his well-known outbursts.

Not long ago Mr Blum was a dedicated Tory. Just before a certain Council election he decided to switch his affections to the Labour Party. What timing!! Now he tells us we would be better off nationalised.

Mr Blum changes his views and opinions so often how can anyone take him seriously?

Please, Mr Blum, leave the talking to those who can do it without changing their minds, opinions, and their views so often.

Geoffrey Lowther
Bolton, Lancs

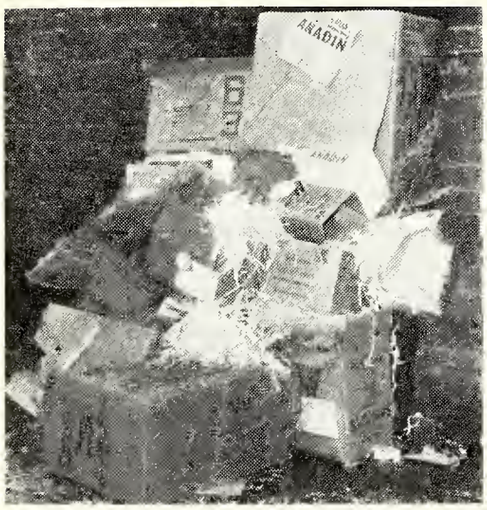
VAT and agents

The position of manufacturers' agents, in the preparations now being made for VAT, is rapidly becoming one of anomaly and anxiety. The Customs & Excise booklet (Notice 710) gives the impression that an agent, who receives commission to a gross amount of over £5,000 a year, must be registered, with all the ancillary complications, presumably because he is regarded as giving a service. The United Commercial Travellers' Association on behalf of manufacturers' agents, resists this interpretation. The selling activities of manufacturers' agents are identical to those carried out by employed commercial travellers, the only difference being one of remuneration—an agent being on commission only; an employee being normally on salary with over-riding commission. The activities of both agents and employees are identical in the selling function, and therefore it is quite illogical to endeavour to tax the "service" of the agent, when it is, in fact, not a service.

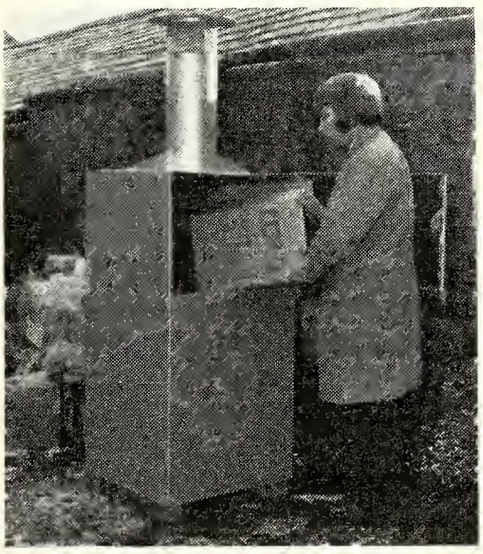
It is not only an agent who would be adversely affected if the agent's commission is chargeable for VAT, because the manufacturer would also be subject to the adverse effects of the anomaly thus perpetuated. Many employers are represented

continued on p846

if this is your
PROBLEM



now read on



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Letters

continued from p845

by employed representatives, in the more populated areas, and agents in other parts of the country, and thus, such manufacturers would have the complications of paying commission to employees without VAT and commission on exactly the same lines to their agents. To this would be added the ancillary complications in those trades where the range of commodities include some items zero rated, or exempt. Surely this state of affairs was never contemplated by the Chancellor and his Revenue Officers!

In urging the Chancellor to think again on this anomaly, the Association also invites the support of all manufacturers' agents and their principals.

J. Maguire
general secretary
United Commercial Travellers' Association

Pharmacy Union?

Now that the Irish pharmacists have shown the way, is it not time that we in Britain followed suit?

Members of the Irish Drug Association, by an overwhelming majority have formed an Irish Pharmaceutical Union, and from reports that I have been able to see, this Union will be open to all pharmacists, whether proprietor or employee, hospital or industrial, thus confirming in no uncertain terms that professional interests are paramount and common to us all.

Pharmacists who read their professional journals will know that I have been preaching this sermon for many, many years, and rarely have my views on organised pharmaceutical unity been challenged in any substantial form; yet little or nothing, up to now, has been done about it.

Does this mean that the human mind is incapable of absorbing the self-evident and that I alone am possessed of some special messianic insight and therefore the first the preach the gospel of unity? Clearly this is not the case. Perhaps the present-day pharmacist has a deep psychological fixation that rejects any form of radical change, or he is unable to accept the grim reality of a profession in crisis and peril preferring to adopt a "let's bury our head in the sands" philosophy until all our problems just fade away. If this is true then there is no hope and no future worth bothering about for our profession.

In my heart of hearts I cannot really believe this, and perhaps much of what I have said should be dismissed as extravagant rhetoric "full of sound and fury signifying nothing", and past inaction was merely due to the fact that the time was not ripe.

But in 1972 we have reached a condition of change unparalleled in our history! A period of cataclysmic closures of retail pharmacies; entry into the European Common Market; the increasing impact of the health centre, and the prospect of growing State intervention in our affairs must mean the time has come!

Our Irish colleagues think so, and we in Britain could easily do likewise through the structure of the Pharmaceutical Union. We don't even have to change the name as they have had to do in the Irish Republic. All we have to do is activate the branches to bring forth appropriate resolutions to a special national conference of delegates, and overnight the splendid machinery and administrative skill of the NPU would be geared to this end. The Pharmaceutical Society would then be able to concentrate more fully on its true function as the custodian of pharmaceutical and professional standards. An august body creating a new harmony and balance within the profession. This would mean real power at a time when it is most needed. Well, chaps, what about it?

Dengar Evans,
Cardiff

Contract survey

I have made a third circulation of a postal survey on the chemists' NHS contract with Executive Councils to a number of independent pharmacies in Great Britain. The final copy is addressed to those principals who may not have replied to one of the previous two circulations made in July.

I should be grateful if I could use your columns both to encourage those who have not replied so far to do so and to thank those who have already co-operated in this way.

Ian F. Jones,
Senior lecturer, School of Pharmacy,
Sunderland Polytechnic

NPUM

I would be obliged if you would correct your copy regarding chairmanship of NPU Marketing.

I have been embarrassed by the number of 'phone calls that I have had complaining about the quality, presentation and poor stock position of various NPUM products.

I stock some of the paper products, toothbrushes, flasks, etc., all of which I find to be very good, but if the moaning about Lanalem and Lotus as weapons for fighting competition is anything to go by, I am worried about the degree of support a VTO will enjoy.

A. O. Bond
Glastonbury, Somerset

[The chairman of NPU Marketing is, of course, Mr J. O. Bond. Our apologies to both—Editor]

No expectorant

We read with interest the article by Dr B. A. Whittle in your "Coughs and colds" issue (November 4, p694). We would, however, like to point out that Benylin with Codeine does not contain the expectorant ammonium chloride as stated in the table.

We do confirm however, that ammonium chloride is an active constituent of Benylin expectorant.

June A. Bolton
Medical services executive
Parke, Davis & Co,
Pontypool

Pharmacist 'who handled stolen goods' to be removed from register

\ pharmacist said to have handled stolen oods was ordered to be struck from the egister when the Statutory Committee of ne Pharmaceutical Society met in London ast week.

Mr Leonard Keith Moore, manager of 'urners Chemists, Congleton Road, Kidsgrove, was said to have been fined 250 at Nottingham magistrates court in August for handling pharmaceutical goods elonging to J. H. Haywood Ltd, Nottingam, knowing or believing them to be tolen. The court had also ordered Mr Moore to pay £20 costs and £134 compenation to the company.

In announcing the Committee's decision, ne chairman, Sir Gordon Willmer, said: One is left with the suspicion that this legal practice had been going on longer han he has admitted. There is a further uspicion that what has emerged in this ase is only the tip of a very large iceberg. Iow much was involved in the frauds which were going on is a matter of specuation and is none of our concern.

Professional honour'

Our concern is the behaviour of Mr Moore and whether it is consistent at all ith the professional honour he owes to ne profession of pharmacy. Anyone who an engage in an unlawful traffic of this ort, handling stolen goods knowing them o have been stolen, is not fit to be on ne register."

Sir Gordon said it appeared from a letter Ir Moore had written to the Committee hat a van driver with J. H. Haywood egan offering him goods, explaining they ad been loaded into his van by mistake. Ir Moore at first refused the offers but n due course "fell for them" and, for a ubstantial period since May 1971, had een habitually handling goods he knew ad been stolen.

Mr Moore told the Committee he first hought the goods had been purchased by he van driver and accepted them as a avour, giving him other goods in exchange. ut later the driver started asking for cash, nd he realised it was not as innocent as e had first thought. By that time "I was ooked". Mr Moore put the value of the oods he received at about £400. The goods ent into the company's stock and, while e made no direct gain, he estimated that e made an indirect profit of about £40 hrough their profit-sharing scheme.

Mr Moore has three months in which to ppeal.

Mr Norman Hale, West Bridgford, a irector and pharmacist superintendent of Leetley's Chemists Ltd, Heath Road, Holmewood, Chesterfield, was cautioned bout his future behaviour, when he and he company appeared before the Comittee.

In June the company was convicted of selling antibiotics when a registered pharmacist was not in control of the premises. Sir Gordon said the Committee accepted that it was an isolated incident due to unforeseen circumstances and they did not think it proper to take any action against the company or Mr Hale. They felt Mr Hale had learnt his lesson. They accepted that as a result of his absence, an unqualified assistant dispensed the prescriptions "right under the nose of an inspector".

A caution was also given to Mr Richard John Tite, Cheshunt, Herts who had been fined a total of £110, with £20 costs, by Cheshunt magistrates in July for failing to enter supplies of drugs in his register and failing to record the date of dispensing on prescriptions. Mr S. Williams, an inspector of the Society, said the offences came to light when a detective sergeant of New Scotland Yard examined dispensed National Health prescriptions which were recovered from the pricing bureau, and found they had not been entered. The offences covered a period from October 1971 to January this year.

Mr W. B. Rhodes, the Society's inspector for Hertfordshire, said that the police sergeant had made no suggestion of any misuse of Dangerous Drugs. Mr C. Smith, for Mr Tite, said the crux of the matter was "thoroughly bad book-keeping". Cautioning Mr Tite against any repetition of such oversight, Sir Gordon said the committee could take a lenient view because Mr Tite had assured them that he had taken satisfactory steps to prevent any likely recurrence.

Mr Louis Bertram Cowan, Finchley, director and pharmacist superintendent of J. F. Harrington Ltd, Old Burlington Street, London W1, appeared before the Committee following the conviction of the company for selling medicine containing poison at its Kensington Church Street branch without the supervision of a registered pharmacist. Adjourning the case for 12 months Sir Gordon Willmer said the case was made slightly more serious by the fact that there had been an earlier warning by the Society to Mr Cowan about the conduct of his pharmacies.

The Committee also adjourned for 12 months its inquiry into the case of Nethercott (Chemists) Ltd, Streatham London, who were fined a total of £155 and ordered to pay £50 costs in February in respect of 11 offences, some of which related to medicines not being properly labelled.

Mr A. J. Nethercott, a director, said that although his 77-year-old father, Mr Harold Nethercott, was the superintendent pharmacist, he had been running the business owing to his father's ill-health. At the time of the offences, they had staff difficulties, and he was the only active pharmacist employed in the business. He was now employing two pharmacists.

Sir Gordon said that as Mr Harold Nethercott had been unable to take any active part in running the business, his responsibility as superintendent pharmacist was purely technical, and the Committee were not disposed to take any action against him.

The Committee adjourned its inquiry into the professional conduct of Mr A. G. Cunnah, owner of Wepre Pharmacy, High Street, Connah's Quay, who was fined £30 at Mold in August for failing to record the dispensing date on prescriptions for Dangerous Drugs and failing to properly maintain his Dangerous Drugs register.

The Committee also adjourned for 12 months its inquiry into offences committed at a pharmacy in Barwell, Leics, run by the Hinckley and Barwell Co-operative Society, and an inquiry involving Mr M. F. M. Benton, Norwich, and his company Collins of Norwich.

The Committee closed a case against Mr A. W. Pratt, Orpington. Mr R. S. Smethhurst, Norbury, London, who had allowed his registration to lapse, failed to appear before the Committee. Sir Gordon said there was no point in dealing with the case.

Scotland's rural problems

Further difficulties in the provision of a pharmaceutical service in rural areas were reported to the meeting of the Pharmaceutical Society's Scottish department executive in October. The resident secretary, Dr J. Chiltern indicated that the single pharmacy at Mallaig was due for demolition and would close on March 31, 1973. Unless alternative facilities were provided, Mallaig and Arisaig area would have no pharmaceutical service, the next nearest pharmacy being at Fort William, 48 miles away.

The local authority was willing to help in the provision of housing and business accommodation for anyone wishing to practise in Mallaig. The local doctors, who had a combined list of 1,600 patients, did not seem eager to dispense.

The train service to Fort William was convenient for a collection and delivery service, if this should prove necessary. The situation would be kept under review meantime but some form of pharmacy service would have to be operating from April 1, 1973.

Dr Chiltern also reported on a part time service at Burghead operated from Hopeman and one for Yetholm operated from Kelso, it had not been possible to establish a collection delivery service for Dalrymple.

Returns from the Scottish schools of pharmacy, showed that there were no unfilled places in the first year for the session 1972-73. Members in the 4 years were as follows (1971-72); 1st year: 178,177), 2nd year: 146 (160), 3rd year: 140 (118), 4th year: 105 (105). The ratio of male to female students at the three schools in the first year was; Robert Gordon's, 44:28, Heriot-Watt, 17:28, Strathclyde, 30:31.

continued on p848

Keeping script records

Mr David Dalglish, a young Scottish pharmacist, gained warm approval at this year's Pharmaceutical Conference for his method of keeping dispensing records (C&D, September 23, p437). In this article he elaborates on his system.

Our pharmacy is situated in the small rural town of Aberfeldy in the central highlands of Scotland. The population of Aberfeldy is slightly over 1,500, and we serve a country area within a radius of some 15 miles with a further population of 2,000. The medical practice in Aberfeldy consists of a partnership of three general practitioners, there is also one other pharmacy in town.

Such an area I felt was the ideal situation for an experiment in using patient medication records, for we have a relatively static population and good customer loyalty.

Furthermore, for about the past 30 years some form of record has been kept, and thus a basis was established. But the previous record system was found to be unsatisfactory, for it consisted of a bound book into which all prescriptions were entered on a chronological basis, with the result that unless the patient or doctor knew the date of a prescription, it involved considerable time to find the entry in question.

Patient profile

Our present patient medicament records enable us to see the complete patient drug profile at a glance. It consists of a simple alphabetical Cardex system, in which each patient has his or her own card. Each card records initially the patient's name, address, and a coding if they are over 65, or otherwise exempt from charges. This is particularly useful from a purely administrative point of view; as I have already pointed out, a large number of our patients live outside the burgh of Aberfeldy, and have their prescriptions sent to them by bus or post. Therefore a coding on their card prevents confusion when a prescription is charged to their account.

When a prescription has been dispensed for a patient it is entered on his/her card as illustrated. Additional information is entered on the patient's card as and when it becomes known, for example penicillin sensitivity.

Our records are kept up to date daily, in fact after close of business. This function is carried out by my wife, who is also at present studying the Pharmacy Assistants Training Board's postal course in dispensing. She finds that it takes her an average of one minute per prescription to enter them up; and as we dispense about 1,200 prescriptions a month (1,500 items) this is a measure of the time taken per month on drug records.

It is my opinion that the time taken on this work is time well spent, and the advantages of the system far outweigh the time taken up. Considerable time during the working day is saved in contacting doctors to find out strengths of tablets, etc, and it is possible to eliminate the practice of dispensing medications labelled simply "as directed".

Our system is frequently used by the local doctors, and it is greatly appreciated by them as a further safeguard of their own records. It has been well received by our patients who are impressed that such measures should be carried out by their local pharmacist, and as a result, it has raised our professional standing in the community. The advent of "NP" labelling has made little or no difference to the necessity of such a scheme; so often the patient has mislaid his bottle, and records have to be sought.

Drug medication records have also proved useful both in the case of drug overdose and the illegal handling of prescribed drugs, and it has been possible to assist both medical practitioners and the police.

I see no reason why such a system could not be readily employed in other similar communities and surely with the advent of pharmacies in health centres (where patient registration will exist in effect) it should provide another opportunity for the pharmacist to play an increasing part in the health team.

Logically, I would like to see the system extended to all medicines, both prescribed and over the counter, for interaction with an over the counter product is just as likely as an interaction between prescribed drugs. This however brings us into the whole controversial subject of patient registration and control of drugs within the pharmacy, both of which I feel must eventually come.

A patient medicament record card system can be introduced now. Indeed I feel it should be, for it is only by showing willingness to accept our undoubted professional responsibilities that we will be accepted as professional men and women, and not just another high street trader.

A fictitious example of the records Mr Dalglish keeps. The cards measure 4 × 6in.

CAMPBELL	MR A.	MAXWELLTON.
13·3·72.	Tabs Salupres x 60	One B.D.
30·3·72	Tabs Eraldin 100mg x 60	One B.D.
20·4·72.	Repeat 13/3/72.	
2·5·72	Repeat 30/3/72.	
1·6·72.	Tabs Kolanty(N.V. x 36 N.P.	Chew one T.I.D.

Scottish Executive

continued from p847

The Executive had received for comment the report of a Joint Group (appointed by the Standing Pharmaceutical, Medical and Nursing and Midwifery Advisory Committees) on Control of Medicines in Hospital Wards and Departments.

Publication of the report was welcomed and its content approved subject to a number of comments. It was regretted that no general practice pharmacist had been appointed to the group since recommendations concerning discharge and out-patients had important implications for such pharmacists.

Paragraph 2.6 did not acknowledge the deplorable practice whereby nurses supply to discharged patients tablets or capsules in envelopes bearing neither name nor instruction as to dose. It was noted that another (2.9) did refer to a part of the problem in relation to psychiatric patients.

Considerable confusion seemed to arise in interpretation of the Discharge and Prescription Sheet set out in Appendix A, where it required statement of both strength and dose. In some cases the dose is commonly expressed as a number, e.g. 2 tablets or capsules and in other in the same terms as the strength e.g. milligrams or grammes. It was thought that it would have been less confusing to state the dose only. The Executive did not consider realistic, the implied recommendation of a 3-day supply of medicine to patients being discharged and it was noted that hospitals did not always comply with that limit.

It was agreed that a letter should be sent to the Scottish Home and Health Department approving the report with these reservations.

It was reported that the following four refresher courses for pharmacists would be provided in the session 1972/73 under the Public Health and Welfare (Provision of Instructions) Act. In pharmacology at Aberdeen, January/February 1973; Ayr, October/November 1972, and Glasgow February/March 1973. In microbiology at Dundee, October/November 1972.

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Photonotes

Colourvue photo albums

A series of colour photo albums introduced by Spicer-Hallfield are known as the Colourvue range.

There are four albums: the Colourvue Magnet (£2·36) which measures 13¼ by 9¾in, takes leaf size 13 by 9in and contains self-adhesive leaves which are peeled back to allow prints to be placed into position. The film is then smoothed over the print. The album's covers are in fine mottled leather grain effect plastic and are available in blue, red or fawn. The Colourvue Companion is available in suedette finish plastic covers and contains pvc pockets for inserting photographs. The two sizes available are 12in by 9in (£1·31) to hold 96 3½ by 5½in prints and 9 by 8in (£1·66) to take 96 3½ by 3½in. The Colourvue Collecta (£1·00) is a multi-purpose book suitable for either a photographic album or a scrap book. It is bound in red or brown suedette finish, measures 13 by 8in and contains 20 bound leaves for mounting with Photo Fixers (£0·13). The Colourvue Compact has an upright bound book appearance, index page, multi-ring lie-flat binding, pvc pockets for photographs and is available in two colours, red or blue. The two sizes are 11½ by 5in (£1·39) to take 96 3½ by 3½in prints and 11½ by 7in (£1·73) to take 96 3½in by 5½in prints. The albums are supplied in special counter display packs (Spicer-Hallfield Ltd, Banks Road, Haddenham, nr Aylesbury, Bucks).

Colourvue photo albums from Spicer-Hallfield are supplied in gaily coloured display outers

VAT and the retail pharmacist

Herbert Ferryman Ltd have just completed five seminars on value added tax in the Hampshire and Berkshire area. Over 500 retail pharmacists and assistants attended the seminars which discussed in detail all the relevant aspects of the tax. Mr Peter E. Cox FCA, (finance director) conducted the seminars. The next seminar is being held in association with Raimes Clark & Co Ltd at the Assembly Rooms in Edinburgh on December 6. It is expected that at least 1,000 pharmacists will have heard Mr Cox explain the scheme for retail pharmacists by the middle of December.

☐ With well over 1,000 talks and seminars on VAT behind them, NCR's consultancy services team—manager Clifford Cockrill, David Bailey, Gil Stewart and John Brookman—are busily increasing their record. Currently, they are giving 150 presentations a month between them, in venues ranging from Inverness to Redruth in Cornwall—besides forays into Ulster and the Republic of Ireland.

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James Morison and his pills

n unexpected musical interlude was pre-nted during the lecture by Mr W. H. elfand, Paris, on "James Morison and is Pills".

Mr Helfand played a tape recording of song attributed to "Pilula Rhubarbus" at referred to the claimed virtues of Iorison's pills.

James Morison used flamboyant methods advertise his pills in Great Britain, urope and America.

Active commercialisation of the pills egan in 1825 but development activity their formulation started several years rlier around 1822 when six different rengths were proposed. There is evidence at his earliest attempts at formulation ok place around 1816, when Morison ved above the premises occupied by a firm druggists in Aberdeen. Later he con-ntrated on the commercial exploitation two products only, termed No. 1 and o. 2. At a later date the pills were more early defined as being a mild aperient No. 1) and a purgative (No. 2).

onstituents

ifferent investigators have attributed variety of constituents for the pills but it generally believed that they contained oes, colocynth, gamboge, rhubarb and yrrh. Quality control was unknown; the lls were uneven. Testifying at a trial here Morison's pills were accused of ing the cause of death, a chemist of ong Acre, Mr Hume, noted that ten of e larger pills in a box of the No. 1 rength weighed 27 grains but that ten of the smaller pills from the same box weighed only 20 grains.

Recommended dosages varied greatly in almost mathematical complexity usually applying the theory "the more, the better". In some conditions, alternate dosing with No. 1 and No. 2 pills was recommended. Sometimes the dosage to start called for one or two pills but at other times, as in asthma, the patient was directed to commence with five pills on the first day. Often the dosage recommended was high, the general average being 15-20 pills per day.

One of Morison's agents was rather severely fined for administering 1,000 pills over a 20-day period to one John McKenzie, who died. The agent, it was duly reported, "paid the fine on the spot".

To Morison, the pills were a universal vegetable medicine.

"James Morison," said Mr. Helfand, "lived at a time when communications, marketing, and advertising were altering the social life of people and creating business situations for those with a entrepreneurial approach to opportunity."

Once launched, the pills became a substantial success and Morison a rich man. He appropriated a name "The Hygeist" to distinguish himself from doctors.

He used promotion methods common to other patent medicine merchants: insistence on secrecy and the need to punish imitators; the telling, in morbid detail, of his personal medical history and the failure of orthodox medical practice to find a solution. He then offered to share his discovery with others.

Morison chose to dwell on three aspects. A single cause and a single cure for all diseases, the ignorance and evil of members of the medical profession and the widespread and continual publication of thousands and thousands of words to expound on the virtues of his pills.

Morison invented what might be termed the Hygeian canon, that the blood controls everything and all disease comes from impurities in it. These must be purged by vegetables and it is impossible to purge too much. Morison forgot about the phlegm, yellow bile and black bile.

After launching his pills in 1825, he moved from Frith Street, Soho, and established his business in Claremont Place, Judd Street and three years later he moved to Hamilton Place, New Road, across from the present site of St. Pancras Station, where he built an imposing building to which he gave the name, The British College of Health. The College remained at 33 Euston Road for almost 100 years. In its latter period, 1916-1928, it was a Salvation Army shelter.

Testimonials

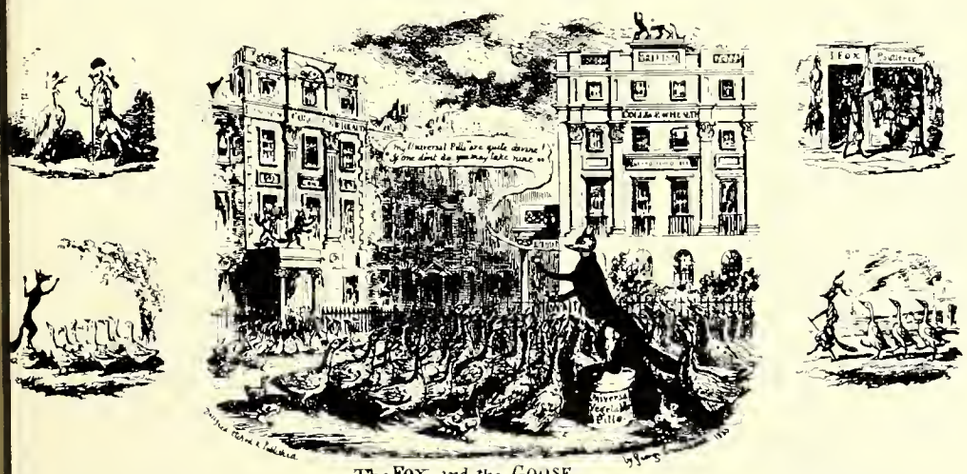
It was from that address, where the pills were made, that he published tracts and details of testimonials gathered by his agents and from there he also carried out his campaign against the doctors.

The physicians fought back and Thomas Wakely who had founded *The Lancet* in 1823 was a leader in the fight.

There were several court cases recorded before 1835 and many of them in 1835 and 1836 in which over-doses of the pill could be directly attributed to the cause of death. At one point, Wakely felt the Government should do something about it, claiming that Morison paid upwards of £7,000 a year to the Government "for the 1½d. stamps with which his boxes of trash are plastered".

By the time Morison died in 1840 his pills were on the market in the USA, France, Germany and several smaller markets, in addition to Great Britain. The second major media used by Morison in addition to print was salesmen, or, as he preferred to call them, agents. These were laymen but in the 1850's chemists and druggists did begin to stock and distribute the pills. Each agent was given a specific territory, they called on clients, advised on treatments, stocked and supplied the pills on demand.

According to one source, Morison made £80,000 a year towards the end of his life and he left a will amounting to approximately £500,000. Cruikshank found Morison a ripe target for his incisive wit. References to the pills appear in many engravings, some of which are to be seen at 17 Bloomsbury Square.



One of the Cruikshank cartoons in the possession of the Pharmaceutical Society.

Market News

PRICES STEADY

London, November 29: Most prices in crude drugs held steady during the week despite a lack of buying interest. Exceptions in crude drugs were provided by benzoin (up £2 ton), cascara (up £40 ton), colocynth (down £15 ton) and pepper (down £15 ton). Most aromatic seeds showed a rise on the week.

Essential oils, where changed, were equally divided among rises and falls. Lower were anise, citronella and Chinese peppermint on the spot while those marked up included lemongrass and eucalyptus.

Pharmaceutical chemicals

Ammonium bicarbonate: £55 metric ton delivered; carbonate lump and powder £88·20.
Bemegride: BPC £16 kg.
Methadone hydrochloride: Subject to DDA regulations £0·15 per g for 100-g lots.
Narcotine: Alkaloid and hydrochloride in 25-kg lots £15 kg.
Opiates: (per kg) subject to DDA Regulations.

	1 kg and over £	Under 1 kg
Codeine		
alkaloid	183·00	191·00
hydrochloride	156·00	164·00
phosphate	140·00	146·00
sulphate	156·00	164·00
Diamorphine		
alkaloid	212·00	223·00
hydrochloride	194·00	203·00
Ethylmorphine		
hydrochloride	179·00	186·00
Morphine		
acetate	164·00	171·00
alkaloid	202·00	211.00
hydrochloride	165·00	172·00
sulphate	165·00	172·00
tartrate	198·00	207·00

Papaverine: Hydrochloride 25-kg lots £17 kg.
Pentobarbitone: 50-kg lots £4·85 kg for acid and £5·15 for sodium.
Phemitone: 25-kg lots £4·24 kg.
Phenobarbitone: 50-kg lots £2·20 per kg; sodium £2·40.
Pholcodine: 1-kg £198·36; 7-kg £189·20 kg; 60-kg £180.
Phthalylsulphathiazole: 50-kg lots £1·60.
Physostigmine: Sulphate £1·04 g.
Pilocarpine: 1-kg lots hydrochloride £95; nitrate £88.
Quinalbarbitone: Sodium and acid £5·35 kg for 25-kg lots.
Succinylsulphathiazole: 50-kg lots £2·40 kg.
Sulphacetamide: Sodium BP £2·98 kg.
Sulphadiazine: 50-kg lots £2·79 kg.
Sulphadimidine: 250-kg lots £2·95 kg; sodium £3·05.
Sulphaguanidine: BPC in 250-kg lots £2·13 kg.
Sulphamerazine: in 50-kg lots £3·12½ per kg.
Sulphamethizole: BP 50-kg lots £3·65 per kg.
Sulphanilamide: 50-kg lots £1·40 kg.
Sulphaquinoxaline: Sodium, B Vet C in 50-kg lots. £4·38 kg.
Sulphathiazole: 50-kg £1·83 kg.
Theophylline (50-kg) BP anhydrous, hydrate and ethylenediamine (aminophylline) £2·56 kg.

Crude drugs

Benzoin: BPC £42 to £45 cwt spot; £37-£40, cif.
Camphor: BP natural powder £1·20 kg spot; £0·95, cif. Synthetic BP £0·57 kg in 500-kg lots.
Cardamons: (Per lb cif) Alleppy greens No. 1, £1·00; prime seeds £0·95.
Cascara: Spot £490 metric ton; no cif offers.
Cassia: Lignea, whole £775, metric ton cif.
Ginger: (ton) Cochin, new crop £230, cif. Jamaican not quoted Nigerian split £220 spot; £200, cif; peeled £320 spot; £310, cif. Sierra Leone, March-May £310, cif.
Menthol: (kg) Chinese spot £6·50; shipment £5·85, cif. Brazilian spot £3·90; shipment £3·85, cif.
Pepper: (ton) Sarawak black £365, cif; white £530, cif.
Seeds (ton) Anise: China star £175, duty paid; shipment £135, cif. **Caraway:** Dutch ex wharf not quoted. **Celery:** Indian £320; shipment £270, cif. **Coriander:** Moroccan £83, cif. **Cumin:** Indian, £325, cif. Chinese £300 metric ton, cif. **Dill:** Indian, for shipment £160, cif. **Fennel:** Indian £210, cif. Chinese £225 metric ton. **Fenugreek:** Moroccan £95, cif. **Mustard:** £60-£120 spot.
Waxes: (ton) **Bees:** Australian £640, cif. **Candella** £570 on spot, cif. **Carnauba** prime yellow, spot £710, £650, cif. fatty grey £410 and £355, cif.

Essential oils

Anise: Chinese £1·55 kg spot; £1·47, cif.
Bois de rose: £4·30 kg spot.
Citronella: Ceylon spot £1·15 kg; £1·05, cif. Chinese £1·30 spot; £1·22, cif.
Eucalyptus: Natural 80-85 per cent for shipment £0·73 kg, cif.
Lemongrass: Spot £2·50 kg; £2·30 cif.
Peppermint: (per kg) Arvensis Chinese, spot £3·00; Nov-Dec £2·75, cif. Brazilian £1·65 spot; Jan-Feb £1·60, cif American piperata from £1·60.

Coming events

Monday, December 4

Finchley Branch, Pharmaceutical Society, Barnet General Hospital, at 7.30 pm. Mr S. Charles on "Drug smuggling".
Harrow Branch, Pharmaceutical Society, Northwick Park Hospital, Harrow, at 8 pm. Mr I. S. Benjamin on "The Growth of Savory and Moore in the 19th Century".
Stockport Branch, Pharmaceutical Society, Alma Lodge Hotel, Stockport, at 8 pm. Members' evening: "Any questions?"

Tuesday, December 5

Barnsley Branch, National Pharmaceutical Union, The King George Hotel, Peel Street, Barnsley, at 8 pm. Mr D. Royce (NPU Executive Committee) on "VAT".
Doncaster Branch, Pharmaceutical Society, Doncaster Acorn Hotel, Bennetthorpe, at 8 pm. Social evening.
Liverpool Branch Pharmaceutical Society, Adelphi, Liverpool, at 8 pm. A family meeting for wives and friends. Mr C. J. Ellis on "Bird ringing and watching".
Northumbrian Branch, Pharmaceutical Society, Swallow Hotel, Newcastle upon Tyne, at 7.30 pm. Film: "Treatment for Parkinsonism".
Sheffield Branch, Pharmaceutical Society, Blood transfusion unit, Northern General Hospital, at 7.30 pm. Dr C. C. Bowley (director) on "Blood transfusion". Joint meeting with Sheffield Branch, Guild of Hospital Pharmacists.

Wednesday, December 6

Leeds Branch, Pharmaceutical Society, University of Leeds, at 7.30 pm. Joint meeting with Leeds division, British Medical Association.
Pharmaceutical Society, 17 Bloomsbury Square, London WC1, at 7 pm. Harrison memorial lecture. Mr C. A. Johnson (scientific director, British Pharmacopoeia Commission) on "The changing role of the pharmaceutical analyst".
Plymouth Branch, Pharmaceutical Society, Moorland Links Hotel, Yelverton, Plymouth, at 7 pm. Annual dinner and dance. Guest, The Lord Mayor, Councillor Luce.
Swansea and West Glamorgan Branch, Pharmaceutical Society, Postgraduate centre, Morriston Hospital, at 8 pm. "Open forum".
Worthing and West Sussex Branch, Pharmaceutical Society, Goring-by-Sea, Conservative Club, 51 Mulberry Lane, Goring-by-Sea, at 8 pm. Barn dance, ticket £0·75.
Yorkshire Branch, Guild of Hospital Pharmacists, Chancellor Wing, St James's Hospital, Leeds, at 7 pm. Mr K. Bonsor on "Christmas cheer".

Thursday, December 7

Chester Branch, Pharmaceutical Society, Grosvenor Hotel, Chester, at 8 pm. Mr N. G. Crossley on "The prescription pricing bureau".

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Guild votes for union affiliation

a surprise vote, 127 hospital pharmacists ted last Saturday for affiliation with STMS and the formation of a hospital harmacist's group within the Pharmaeutical Society.

There was only one vote against the idea d an abstention at a special meeting of the uild of Hospital Pharmacists in Birmingm which was called to discuss the motion: "That the Guild council should enter into egotiations with the Association of ientific, Technical and Managerial affs with a view to seeking affiliation, on ceptable terms, maintaining an independent voice for hospital pharmacy within that organisation; and at the same time to pursue the possibility of the formation of a hospital pharmacist's group within the Pharmaceutical Society."

The matter will be taken further at a meeting of Guild officers on December 12. The feeling of the meeting was that associations with the two organisations were not incompatible. ASTMS would take over the mechanics of negotiation but the Guild would still decide on the matters to be negotiated and would have an independent voice.

oisons service head utlines problems

aracetamol, Lomotil and paraquat are nong substances to which attention should drawn, according to Dr R. Goulding riting in *Health Trends.*

Dr Goulding, who heads the London oisons unit, reporting experience of the ntral poisons information service in 1971 ates: 'Overdosage with paracetamol d deaths from this cause are rising each ar. Nevertheless, there are still many ore casualties, fatal and non-fatal, from verdosage with aspirin and barbiturates."

What, however, was sinister about racetamol, he stated, was that if about g were taken it could cause acute liver mage. "This may be reversible, but it can so be progressive and resistant to even e most progressive treatment."

Lomotil might not appear to be any ore toxic than other products of a similar pe, but it has a delayed action. Dr oulding suggests this may be due to its ropine content, which slows down the te of absorption of its opioid constituent.

After 12-24 hours "devastating" toxic fects of overdosage can emerge, even patients in whom thorough gastric vage appears to have been undertaken rlier.

Paraquat disasters occur in two ways. e commercial concentrate is transferred om sales containers to other, quite inpropriate, vessels such as beer or softink bottles. Secondly, leaving original not mpletely empty containers within the ach of children leads them to swallowg some of the contents.

"It is extraordinary how careless, almost lpably careless, people entrusted with ch material can be," remarks Dr oulding.

ill to define liability or injuries due to drugs

Bill to place liability for personal inries and consequential loss arising from e manufacture, sale and use of medicines d drugs for human use, directly on any person who manufactured, sold or distributed them, has been introduced into the House of Commons by Mr Ron Lewis.

The Dangerous Drugs and Disabled Children Bill (HM Stationery Office, price £0.05) would regard sale as implying a warranty that the medicine or drug is "reasonably safe to be used for any purpose for which it is intended to be used."

The following points would be taken into consideration: whether it is likely to be used other than on the advice of a registered medical practitioner; the nature and severity of any other condition or symptom which its use may cure or relieve; the nature and severity of any other condition or symptom which its use may produce or precipitate; the extent to which the possibility that it may produce or precipitate such conditions or symptoms is likely to be known to such medical practitioners as may be likely to prescribe it.

Any person using any medicine sold in breach of the warranty who suffers any personal injury or consequential loss as a result would be entitled to claim damages against any person who has manufactured, sold or distributed the product as though he were the immediate purchaser.

Injury or loss resulting from use by parents would also be covered, and the provisions would apply to sale, distribution and use before as well as after the coming into operation of the Act.

The Bill would also amend practice in assessment of damages for consequential loss. It is due for second reading on February 9, 1973.

MP to investigate 'ethicals' shortage

The supply position of some Parke-Davis products is being taken up with the Secretary of Social Services by Sir Ronald Russell MP, as the result of a complaint by a Yiewsley, Middlesex, retail pharmacist, Dr P. M. Phillips.

Dr Phillips' letter to Sir Ronald complained that the company had failed to stockpile important drugs, including Epanutin, and he had had no "satisfactory response" to a suggestion that they should import some from their overseas factories. Dr Phillips told *C&D* he had also had difficulty in obtaining some other PD specialities.

Parke-Davis & Co said on Tuesday that they regretted the delay in meeting orders for some products, including Carbrital Kapseals and Epanutin capsules 0·1g. "Supplies are coming forward on a continuing basis but temporarily are not adequate to meet the current level of demand. All steps have been taken to resolve this situation and it is confidently expected that adequate supplies of Carbrital and Epanutin will be available to meet all orders by the end of the month."

The company recently moved its headquarters and production facilities from Hounslow to Pontypool.

TV PERSONALITY PRESENTS PRIZE

Miss Jane Probyn, Anglia TV personality presented the prize to the winner of a competition organised by Jeyes UK in conjunction with Chemimart, Norwich. Left to right are: Mrs L. Dunster-Beardsley (marketing and sales promotion assistant, Jeyes), the winner Mrs T. Wilde, Mr M. Franklin and Mr P. Levinson (joint managing directors, Chemimart), Miss Probyn and Mr N. Goff (northern regional manager (retail), Jeyes)

Beecham show Carrefour the value of medicines

"The profit potential of medicines in a self-service situation" has been proved at the Carrefour Caerphilly hypermarket with advice from Beecham Products. In the hypermarket's first two weeks trading, following the opening on September 13, a total of 9,202 unit sales of Beecham medicines were achieved.

A Beecham Products statement issued last week records that they were called in by Carrefour to propose a plan for the layout of the health and beauty aids section.

"Due to the wide range of toiletry products to be stocked by Carrefour, it was found that the gondola originally allocated to health and beauty aids was insufficient to accommodate and provide effective display for all toiletry brands.

"Beecham's proposals therefore, submitted that a possible solution might be found in siting the medicine section quite apart from the toiletry products, and in order to emphasise the existence of a section which shoppers would not perhaps expect to find in a supermarket, stressed that to maximise the effect of the medicines display it should be sited in a high-volume traffic area. This proposal was accepted by Carrefour and instituted on an experimental basis.

"With their fast-moving grocery sales and aggressive pricing policies, many supermarket operators believe even now that proprietary medicine products, being price-maintained, are incapable of profitable volume sales in a self-service environment. However, an analysis of Beecham toiletry and medicine sales through Carrefour since the opening provides interesting evidence to refute this belief.

"In the first two weeks trading, Carrefour's toiletry section, with deep price-cuts and occupying the equivalent of a 200 foot-run of shelving (131 Beecham facings), produced no less than 16,710 unit sales of Beecham Products. The sheer volume of their turnover is encouraging enough, but placed side-by-side with figures produced by Beecham medicines—9,202 unit sales, with no price-cuts and only a 32 foot-run of shelf-space (83 Beecham facings)—the results emphasise the profit potential of medicine products in a self-service situation.

"Bearing in mind that the average profit to be gained from the sale of proprietary medicines is in the region of 30 per cent, this particular section is making an important contribution to Carrefour's predicted £5 million plus annual turnover, and will certainly go some way to dispel the misunderstanding which still exists concerning medicines and the supermarket." (Comment, p871).

More VAT meetings

During the past two months, over 1,000 pharmacists have attended meetings on value added tax addressed by members of the NPU Executive Committee and Mr T. P. Astill, the Union's new deputy secretary. Further meetings to be addressed by Mr Astill are scheduled for 1973 as follows (dates in parentheses).

January: West Metropolitan (10), Croydon (12), Newcastle-on-Tyne (16), Hull (17), Bradford (18), Manchester (21), Belfast (25), Ipswich and E. Suffolk (30), East Kent (31).

February: Huddersfield (1), Worcestershire and Herefordshire (5), East Metropolitan (12), Ewell, Epsom and Sutton (13), Worthing (15), Nottingham (22), Blackpool (23).

March: Hastings (1).

Details of venues and times are being issued by branch secretaries.

NPU ask for higher limit for zero-rated OTC sales

It appears that a number of retail pharmacists may be precluded from using the special chemists' scheme for value added tax accounting for output tax because their over-the-counter (OTC) zero-rated sales exceed 10 per cent of their total turnover.

In view of this and because it will be difficult for them to account for the tax by any of the other schemes (*C&D*, September 9, p381) the National Pharmaceutical Union are asking the Customs and Excise to raise the limit for retail pharmacists.

This was mentioned by Mr Tim Astill, deputy secretary, NPU, at a VAT conference organised by IPC Business and Industrial Training in London last week.

Mr Astill criticised makers of "expensive" multi-total cash registers or calculating machines for thin sales campaigns which gave the impression that such equipment would be necessary. However if there are many chemists whose turnover in zero-rated OTC goods comes above the 10 per cent and that level is not increased by Christmas, Mr Astill said "We may have to climb down from that attitude for those cases."

Earlier, Mr Lindsay Duncan, a City tax consultant, told the audience that when VAT was introduced it was expected that there would be an inflation in the economy of between 5 and 7 per cent. The current inflationary spiral was not likely to have been conquered for at least a year after the tax introduction. He also forecast that there would be a two-tier tax level, as in most European countries, before many years and that food would be taxed at the lower level in five to six years time. He advised anyone buying cash registers or calculating machines to make sure that their systems were flexible enough to cater for that eventuality. Regarding visits by Customs and Excise men to businesses registered for tax, Mr Duncan believed that retailers would "receive more attention than any other in the tax chain".

During the discussion at the end of the conference a representative of Customs and Excise gave his views on what his Department would accept as "appliances".

For the initial period at least, said the official the Department would accept the doctor's word that any appliance he prescribed for a patient was necessary for medical reasons and would be paid for.

Agreeing on drug and medicine patents

Attempts to bring about the harmonisation of patents on drugs and medicines on a European basis have reached an advanced stage, the Prime Minister said on Tuesday in a written parliamentary reply.

Mr Heath said draft conventions would be the subject of diplomatic conferences in the autumn of next year and the spring of 1974.

Government's new deal for consumers

The Government's Fair Trading Bill, published last week, gives wide powers in the field of consumer protection to a new official, the director general of fair trading. He will review the extent and working of competition in the economy, and will take over the functions of the Registrar of Restrictive Trading Agreements.

A Consumer Protection Advisory Committee is to be set up with six to fifteen members, among whom will be "persons with relevant trading experience" and others with experience in consumer protection organisations. It will investigate whether trade practices adversely affect the economic interests of consumers—but will be precluded from looking at professional services which are referable to the Monopolies Commission (this includes medical, dental, veterinary and nursing services, but not pharmaceutical services).

Where it appears to the director general that traders are persistently maintaining a course of conduct that is detrimental to the interests of and unfair to consumers, he will seek written assurance that the conduct will cease. If no assurance is forthcoming, or if it is not being observed, he may institute proceedings before the Restrictive Practices Court.

Enforcement of orders made under the Act would be in the hands of local weights and measures authorities, which will have powers to make test purchases, enter premises and inspect and seize goods and documents.

The Bill also brings agreements relating to the recommended resale price of goods, and patent and design policy agreements, within the scope of the Restrictive Practices Acts.

Another section renames the Monopolies Commission the Monopolies and Mergers Commission, and reduces the market share basis for references form one-third to one-quarter. Provision is made for reference of local as well as national monopolies.

Fair Trading Bill, HM Stationery Office, price £0.80.

Company News

Bristol-Myers enlarge their UK region

Bristol-Myers International have formed new and enlarged UK region, which will onsist of the United Kingdom, the Repub-ic of Ireland, East and West Africa and he corporation's consumer business in Holland.

Mr Christopher J. Jones, at present roup managing director, Bristol-Myers Co Ltd, has been appointed director of he newly formed region. Mr Frank W. Knight has been appointed assistant group nanaging director, Bristol-Myers Co and, n addition to his current responsibilities s managing director, Bristol-Myers pro-ucts and clairol divisions, Mr Knight lso becomes managing director Bristol aboratories. Mr Martin Ilsley, currently nancial director, Bristol-Myers Co Ltd ecomes regional financial director.

Lancashire chemists in voluntary liquidation

Unsecured debts totalling £11,172 against et assets of £5,432 were reported at a ecent meeting of creditors of James Foster Chemists) Ltd, Breck Road, Poulton-le-ylde, Lancs.

Directors at the date of the meeting were Mrs I. H. Morris, who was previously the ife of the late Mr Dundadale, a former irector, and Mr H. Rigby, the qualified harmacist.

In June it was agreed by the two princi-al creditors that trading should continue or a period of one month with a view the business being sold as a going con-ern. One offer had been received but this as later withdrawn and it was decided, articularly in view of the losses being ustained, to close the business down on uly 29.

After discussion, creditors resolved to onfirm the voluntary winding-up of the ompany with Mr Jack Butterworth, CA, of Samuel Slater & Sons, 11 Queen treet, Oldham, and Mr Ronald P. Booth, CA, of Parkin S. Booth & Co, 11 Old Hall Street, Liverpool, as joint liquidators.

Beecham to collaborate with Hungary

An agreement on the exchange and evalua-on of each other's "ethical" medicines has een reached by the Beecham Group and he Hungarian Pharmaceutical Associa-on.

The agreement was formally signed last eek at Beecham's chemotherapeutic re-arch centre, Brockham Park, Surrey, by Mr G. J. Wilkins on behalf of Beecham nd by Mr Gyula Horvath, vice-president of the Hungarian Pharmaceutical Association.

Under the agreement each party will offer the other pharmaceutical compounds for evaluation, together with an option on the right to manufacture and market any compound which has satisfied safety requirements and appears to have commercial potential. The agreement will run initially for two years, but it contains provison for extension if both parties think it desirable.

Mr Wilkins, chairman of Beecham's pharmaceutical division, said "We have considerable respect for our Hungarian counterparts, and have no doubt that this agreement will produce benefits both for them and for us."

Thornton & Ross celebrate jubilee

Thornton & Ross Ltd, Linthwaite, Huddersfield, have recently celebrated their fifty years in business. It was in November 1922 that two young men, the late Mr Nathan Thornton and Mr Philip E. Ross started to manufacture liquid soap and disinfectants in an old dyehouse at Milnsbridge, Huddersfield. Their first "plant" was an old gas boiler!

Mr Thornton was himself the company's first salesman, covering the Yorkshire West Riding by bus, tram and trains.

Today in their modern works, the company manufacture all kinds of pharmaceutical preparations—many of them for chemists under their own labels.

One of the founders, Mr Philip Ross is still on the board. With him his son, Mr Vernon Ross and Mr Thornton's son, Mr Ralph Thornton, joint managing directors. The chairman is Mr Arthur Hirst who has been with the company since 1925.

Signing the agreement between Beecham Group and the Hungarian Pharmaceutical Association is left to right, front: Mr Gyula Horvath, vice-president of the Hungarian Pharmaceutical Association with Mr G. J. Wilkins, chairman, Beecham pharmaceutical division and Mr F. P. Doyle, research director of the division. Left to right, rear are Dr E. T. Knudsen, medical director of Beecham pharmaceutical division; Mr J. J. Lambie, regional manager, Eastern Europe, Beecham pharmaceutical division; Professor J. Knoll, professor of pharmacology, Semmelweis University of Medicine, Budapest

Appointments

Johnson & Johnson Ltd have appointed Mr Bob Harris sales manager—toiletries division for 1973. He joined the company ten years ago as a trainee representative and for the past eight years has been a salesman and then area manager in the north of England, Scotland and Northern Ireland.

Kodak Ltd dealer salesman Mr Alan Gilbert, has transferred to the Kent area. Mr Colin Johnston who joined Kodak in 1963 will now represent the company in Mr Gilbert's former territory—parts of Middlesex, Hertfordshire, Buckinghamshire and North-west London. Mr Peter Blackwell now replaces Mr Iain Hilson as representative in Surrey, South-west London and parts of Kent. Mr Iain Hilson has returned to Kodak head office to take up an appointment as an assistant market development specialist.

A message to sales managers. There's no need to do London the hard way.

No one is suggesting that hard-headed, twentieth century, business-like you are anything like simple hearted, medieval country-boy, Dick Whittington, when it comes to seeking fame and fortune in London. (Silly Dick thought he'd find gold on the pavements, but instead found rats under the floor-boards.)

But if no businessman is likely to find rats in the skirting today, he might find some pretty large spanners in the works, if he tries selling in London the hard way.

Take yourself.

You know that London is easily the most lucrative market in Britain. (In fact, by itself it's as big a market as Norway and Sweden put together.)

So not surprisingly you want to be in there. Advertising on television. And selling in your products to the retail trade.

And then the problems start.

London is huge. So your own sales force gets overstretched. You want to launch a new product or distribution drive with a big bang. And you haven't enough salesmen to push it into the shops with more than a whimper.

London is a jungle. Perhaps your own people don't know it too well. So they might be in the wrong places at the wrong time.

This is doing London the hard way. Now for London the easy way.

With Footwork. The London Weekend Retail Sales Service. Twenty-two good salesmen and true, specially formed by LWT to help their advertisers in their retail sales push in London.

Hire both Footwork teams (or one, if you prefer), and now watch your big problems become small fry.

You have a new product launch in London. Footwork will sell it in, while your regular sales force gets on with it's regular job.

You want to do a distribution drive. A retail display drive. A test marketing drive. A seasonal sell-in. Footwork can handle them all. With skill. (Each Footwork representative is a highly experienced salesman.)

With inside knowledge. (Each Footwork salesman knows his area of London like a native. Because he probably is one.)

With speed. (The Footwork team has a capacity in the Grocery trade, for instance, of about 2,000 calls a week.)

And with efficiency. (The Footwork team will give you a report on their activities. Every week.)

And all this is just the bare bones of the Footwork operation.

If you'd like us to put some skin on the skeleton, just ring Ron Miller at London Weekend 01-734 9431, and he'll be happy to answer your questions.

If, after that, you wind up using Footwork, you should find that the streets of London are paved with gold after all.

FOOTWORK

The London Weekend retail sales service. We know our London.

People

Ir George Fokschaner has resigned from e board of Weston Pharmaceuticals. He succeeded by Mr Brian Kendal.

Ir C. J. Fell, FPS, who has taken a keen terest in the introduction of value added x (last week, p833), was a studio panellist the BBC 2 programme "Money at work" st week. The edition was titled "A nation taxpayers".

Ir Raymond Hutchinson, MPS of Harrow Veald, Middlesex, by now well known a supporter of the "underdog", reived publicity for his activities in his latest use recently in *The Times*.

On the evening of his half day, Mr utchinson is conducting a vigil outside e Indian High Commission to protest gainst the resumption of Indian army perations against the Nagas.

He is himself a veteran of the battle of ohima (the capital of Nagaland) in the 939-45 war and has been campaigning n behalf of the Nagas for the past five ears. He runs an organisation called the aga Study Group which works closely ith (although is independent from) the iled president of the Naga National ouncil, A. Z. Phizo.

According to *The Times* diarist Mr Hutinson had a trial run outside the Conught Rooms one Sunday evening where e India League was holding a dinner to ommemorate the birth of Nehru. Lord Iountbatten, the chief speaker, had been ympathetic, but not so Lord Hailsham, or most of the Indian guests." Mr Hutinson believes, however, that the Indians re becoming concerned about his Naga usade and he invites other sympathisers join him between 5 pm and 6 pm every Vednesday outside India House, Aldwych.

eaths

rmstead: On December 3, Mr Alan rederick Armstead, MPS, 5 Cecil Road, ronfield, Sheffield. Mr Armstead qualified 1937.

rown: On November 30, Mr Charles eslie Meredith Brown, FPS, 23 Elmstead lose, Ewell, Surrey. Mr Brown was a rector of Willows Francis Ltd, having een associated with the company for ver 30 years. He qualified in 1931.

osenheim: On December 2, Lord Rosenim, KBE FRS, chairman of the Medines Commission and a past president of e Royal College of Physicians, aged 64. t the Royal College Lord Rosenheim layed a leading part in the campaign on noking and health. In earlier research ork he discovered the use of mandelic cid for the treatment of kidney infections. ord Rosenheim was appointed chairman f the Medicines Commission last Decemer and spoke at the British Pharmaceutical Conference banquet in September at Keele University.

Soulsby: Suddenly, on December 4, Mr John William Soulsby, FPS, DBA, 95 Old Park Avenue, Enfield, Middlesex, aged 64.

Mr Soulsby was group chief pharmacist at Chase Farm Hospital, Enfield. Always active in the Pharmaceutical Society's Enfield branch he was secretary of the Enfield Chemists' Association 1954-63, its president in 1964-65 and an auditor up to his death. Mr Soulsby, who qualified in 1930, has been a member of a number of British Pharmacopoeia and British Pharmaceutical Codex committees.

Mr A. G. Garrett writes: Jack Soulsby was a man of sterling character, capable and meticulous in all he did, but at the same time, very modest and unassuming, always ready to do a kindness. A past president of the Enfield Association, he was also an energetic secretary for many years.

Topical reflections

BY XRAYSER

Record keeping

The account of the keeping of prescription records by Mr David Dalglish is of interest and, from what he has to say, of some value. The system is one which he finds particularly suited to his business, and he recognises that there may be limitations in its application when he writes that he sees no reason why it could not be readily employed in other similar communities.

It is remarked that Aberfeldy, where Mr Dalglish practises, has a population range of some 3,500 people in a scattered area, with one medical practice comprising three partners, and that there are two pharmacies in the town. One imagines that a considerable amount of time must be consumed in medical visiting but, even at its maximum, there should be ample opportunity for the practice to keep adequate medical records. That is not to say that the index kept by the pharmacist is unnecessary, though I should hardly go so far as Mr Dalglish does in describing it as our undoubted professional responsibility.

There seems to me to be certain dangers attached to the assumption that if a strength of tablet or capsule is not stated it will be the same as the last time, just as there is a risk in accepting that "as directed" means what it did, say, a month previously. Although a patient may remain on the same drug for hypertension, a visit to the doctor and an examination may suggest that the previous dosage requires modification, and I should not like to repeat directions from the card any more than I should use the label on the returned bottle as absolute proof of intention. The physician is required to keep records and he should also give specific directions in his prescribing, though all know that what should be and what is are sometimes at variance.

Christmas greetings

Christmas packaging has been with us for a very long time. Only recently has there been any attempt to question the charge for a combined pack being greater than the amount of the separate items, and it seems to me that any attempt to link such well-established practice with the prices standstill is to miss the whole point of such packaging. Only those who have tried to sell the items separately in the absence of the special package know what is involved.

I was, therefore, interested in the reply to your inquiry at the Department of Trade and Industry that if the goods were bought before the freeze "there would be no objection to a charge for the package." In fact, if delivery were taken later than that date they "did not think" any objection would be taken because the customer could always pay for the items singly if he objected to paying a charge for the container.

There was also a reference to "substantially" higher, with no indication of what would be regarded as substantial. But is that department unaware that the packaging bears an element of purchase tax? And if the department is to scrutinise carefully and take action, is the Chancellor of the Exchequer to be joined in that action? They are asking him to skate on very thin ice.

New products and packs

Sundries

New metric packs

With the change to metric sizes for dressings and plasters, Cuxson, Gerrard & Co have taken the opportunity of introducing new packaging as well. Their range will now incorporate the new circular pattern which is in two shades of blue. The ends and sides of the packs indicate contents to provide easy recognition (Cuxson, Gerrard & Co Ltd, Fountain Lane, Oldbury, Warley, Worcs).

Improved face cloths

Solport Brothers have introduced a new fast-edge Watersprite face cloth in an assortment of five bright colours under the name of Carnival (no 1506). These are packed in cartons of ten (£0·26). The company are also marketing the Watersprite face cloth in an assortment of pastel shades and white ref no 1508. These are packed in cartons of twenty, assorted four white, four pink, two each lemon, orange, blue, green, red and turquoise to each carton (£0·25).

Packaging of these cloths is in the same traditional style but they are made from a much improved terry, say the makers, the weave of which resists damage. In addition, the edge of the new cloth is rolled before being overlocked, which provides further strength to the border (Solport Brothers Ltd, Goring Street, Goring By Sea, Sussex).

Prescription specialities

PROSTIN $F_{2\alpha}$ injection

Manufacturer Upjohn Ltd, Fleming Way, Crawley, Sussex
Description Ampoules containing solution of the tromethamine salt of prostaglandin $F_{2\alpha}$ (dinoprost) 5mg/ml. Ampoules of diluent containing 18·5ml normal saline and 0·9 per cent benzyl alcohol
Indications As for Prostin E_2
Dosage, etc See literature
Storage The sterile solution is stable for 24 months at room temperature. It is relatively insensitive to light, heat and alkali
Packs 1·5ml ampoule (£3·27 trade), 5ml ampoule (£7·97) and 1·5ml ampoule plus diluent (£3·27)
Supply restrictions On prescription only and confined to hospitals with specialist obstetrics and gynaecology units
Issued November 1972

RETIN—A solution

Manufacturer Ortho Pharmaceutical Ltd, Saunderton, High Wycombe, Bucks
Description A clear yellow solution containing tretinoin 0·025 per cent weight/weight
Indication Topical application in the treatment of acne vulgaris, in which comedones, papules and pustules predominate
Contraindications Hypersensitivity to the ingredients
Method of use Should be applied once or twice daily to the affected area in a sufficient quantity to cover the area lightly. Correct administration should produce an erythema similar to that of mild sunburn (for further details and precautions see data sheet)
Side effects Application of excessive amounts may cause severe erythema, irritation and discomfort. Temporary hypo and hyper-pigmentation have been reported
Storage In a cool place. Bottles should be discarded two months after opening. Shelf life 3 years
Pack Amber glass bottle of 30ml with 50 disposable gauze swabs (£0·98 trade plus PT)
Issued December 1972

BLEOMYCIN LUNDBECK injection

Manufacturer Lundbeck Ltd, The Green, Welwyn, Hertfordshire
Description Ampoules each containing bleomycin sulphate, equivalent to 15mg bleomycin (standard NIHJ) as a freeze-dried powder
Indications Squamous cell carcinoma, particularly of the head and neck; lymphomas, including Hodgkin's disease and mycosis fungoides; testicular teratoma
Contraindications Pregnancy, acute pulmonary infection or reduced lung function
Dosage *Adults*: 15-60mg weekly, intramuscularly, intravenously or intra-arterially to a maximum of 300mg according to indication and age of patient (see literature)
Precautions Chest X-rays should be taken during and for up to 4 weeks after completion of a course of treatment. Avoid contact with the skin
Side effects Fever, anorexia, tiredne nausea, pain (at injection site or in regi of the tumour), stomatitis, induratio hyperkeratosis, redenning, tenderness a swelling of tips of the fingers, ridging the nails, bulla formation over pressu points, alopecia. Most serious adver reaction is interstitial pneumonia whic occasionally develops into fatal pulmona fibrosis
Storage At room temperature, shelf li two years
Dispensing diluent Physiological saline
Packs Of 10 ampoules (£104 trade)
Supply restrictions Hospitals only
Issued December 8, 1972

BETADINE gargle and mouthwash

Manufacturer Napp Laboratories Ltd, Hi Farm Avenue, Watford, Herts, WDZ 7R
Description Flavoured solution containi povidone-iodine 1 per cent
Indications Inflammatory conditions of t pharynx and mouth
Method of use Gargle or rinse for at lea 30 seconds with the undiluted solution, solution diluted with an equal volume warm water. Repeat every 2 to 4 hou as required
Precautions In rare instance of local irr tation or sensitivity discontinue treatment
Pack Bottle of 200ml (£0·35 trade)
Issued December 1972

Correction

Due to a printer's error the pack size Deteclo syrup (*C&D*, November 4, p67 was incorrectly stated. The syrup is packe in bottles of 100 ml (£0·34 trade).

on TV next week

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann, Cl = Channel Islands.

Alberto Balsam: Ln, M, Sc, WW, Sc, W
Alka Seltzer: All areas
Alpine Spring (bath additive): So
Askit powders: So, G
Beechams powders: All except E
Buttercup syrup: M, Lc, Y
Close Up: All except E
Faberge: All except E, Cl
Falcon: Ln, M, A
Gillette G2: All except E
Gillette Techmatic: All except E
Harmony Protein Plus: All except E
Hedex Seltzer: All except U, G, E
Lux soap: All except E
Old Spice: All areas
Oriental Spice: So
Philips-Philishave: All except E, Cl
Remington shaver: All except E
Sandrine: All except E, Cl
Sunsilk hairspray: All except E
Tabac: Ln, Y, NE
Three Wishes: All except E
Tom Caxton home brew: Ln, M. Y. WW So, NE, A, We, B, E, Cl
Vicks Sinex: All except U

Trade News

To be withdrawn
Brocades (Great Britain) Ltd, Brocades House, Pyrford Road, West Byfleet, Weybridge, Surrey KT14 6RA will withdraw their product Brontina aerosol (15ml heptropine citrate 2mg per ml) from the market as from January 1. A small quantity will be made available free of charge, say the company, to those pharmacists who may still have a small demand for the product.

Proteins promoted
Kingsley and Keith (Chemicals) Ltd, Suffolk House, George Street, Croydon CR9 3QL, have now taken over the sales and technical service for the range of proteins produced by Wilson Protein Technology Inc., previously handled by Naarden Ltd. A spokesman for Kingsley and Keith said: "In promoting these proteins we are able to demonstrate, scientifically, that they are much more substantive and penetrative than similar competitive toiletry products". He went on, "We shall be pleased to offer evidence of the absorption and penetration properties of Wilson's Protein's WSP X250 and also WSP SA5000 antiwrinkle agent".

Tooth timers
The British Dental Health Foundation are offering tooth cleaning timers to help people to brush for the recommended 3 minutes at 20p, plus 5p postage direct from The British Dental Health Foundation, 3 Harcourt House, 19a Cavendish Square, London, W.1.

Additional sizes
E. R. Squibb and Sons Ltd, Regal House, Twickenham, Middlesex, have announced the following pack extensions to their range of products: Modecate ampoules 2ml × 5 (£9·75) and Motival tablets 1000's (£16·10).

Dropper packs
New-style polythene dropper packs are now being used by Glaxo Laboratories Ltd, Greenford, Middx, for its various presentations of Betnesol, Betnesol-N, Efcortelan-N (5ml only), Predsol and Predsol-N drops.

Delsey's new look
Delsey facial tissues from Kimberly-Clark Ltd, Larkfield, nr Maidstone, Kent, now has a new pack design featuring an art abstract of tissues. The patterns and colours vary to suggest strength for Delsey mansize tissues, softness for regular white and colour for Colourblend.

Diabetes booklet
"Life with diabetes" is the title of the latest booklet in the British Medical Association's Family Doctor Series (£0.13). Written by Dr Arnold Bloom it sets out to put diabetes into perspective and to give practical advice on daily management, diets and how to lead a contented life in spite of the disease. Available to members through the National Pharmaceutical Union, 321 Chase Road, London N14.

Calculating calendar
Cow and Gate have produced a calendar called the obstetrical calculator which, they say, will help doctors and health visitors calculate the delivery date. The calendar shows the expected date of birth, in small red figures, below the first day of the last period, in black. It is being sent to antenatal clinics and maternity hospitals and will cover eighteen months instead of twelve.

Prices revert
Richards & Appleby Ltd, 12A St Georges Street, London, W1 advise that the prices of their Dunhill men's toiletries have been reduced to the former level as existing until October 1. Advice received too late for inclusion in supplement. Prices will be published next week.

Correction
In our issue of November 18 (p767) we said that cabdrivers nasal decongestant tablets from Ford, Jackson & Co Ltd, Church Street, Castleford, were available in a carton of 12 tablets. This is incorrect, the carton contains 10.

Wrong address
The address of Norman Pendred—Cellgrave is Phillip Road, London SE15 (telephone 01-639 3627) and not as given in the Quarterly Price List advertisement on p15.

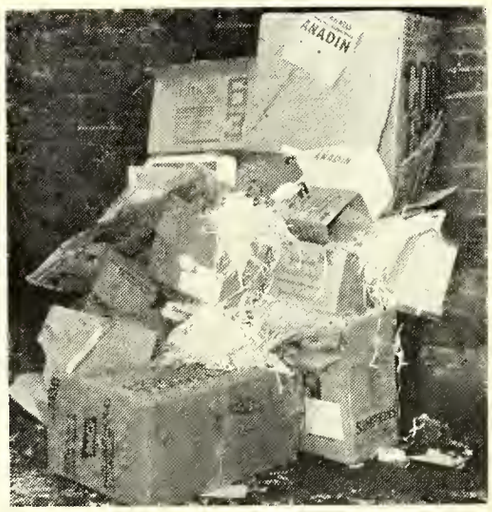
Information wanted
The Editor would appreciate information on the following: Sanodent (or Sannodent) gum massagers.

Promotions

Compact display stand
Ravina, manufacturers of hair decorations and hair care products, have introduced a new counter display stand, number S21. Made of gilt wire and perspex, the unit measures 18in wide and 8in deep. To complement the new stand, the company is planning to extend their range of hair decorations in the near future (Ravina Ltd, 3 Barton Road, Water Eaton Industrial Estate, Bletchley, Milton Keynes, Bucks).

Bubble bath give-away
During the pre-Christmas buying period Reckitt & Colman are offering consumers free sachets of Bathjoys bubble bath with Loxene medicated shampoo. The offer, flashed on each pack, will comprise one sachet inside each medium size of Loxene purchased and two sachets inside each large pack. The offer, said a spokesman, has been planned to capitalise on the trend to larger sizes in the shampoo market (Reckitt & Colman Toiletries Division, Sunnydale, Derby).

if this is your
PROBLEM



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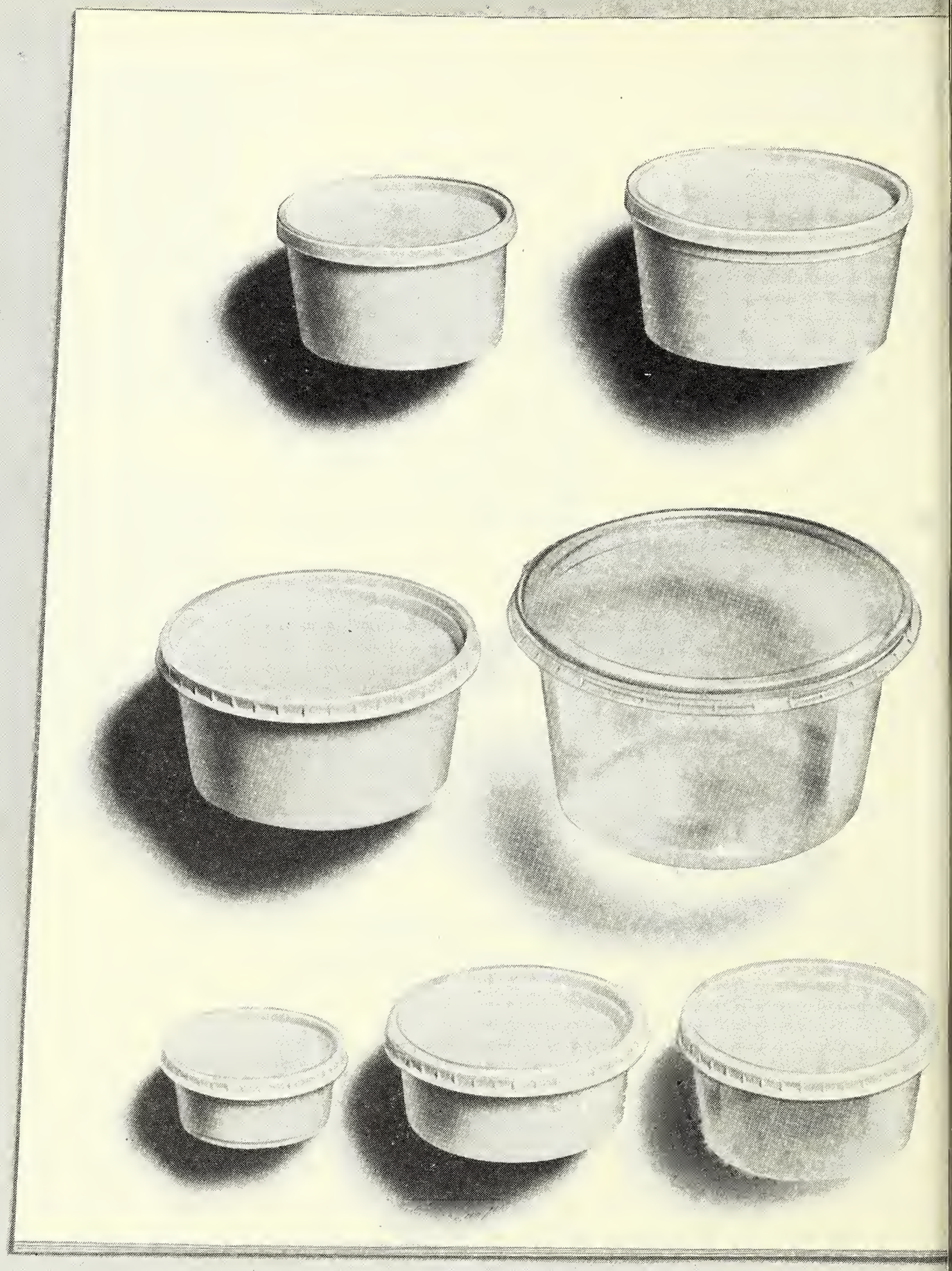

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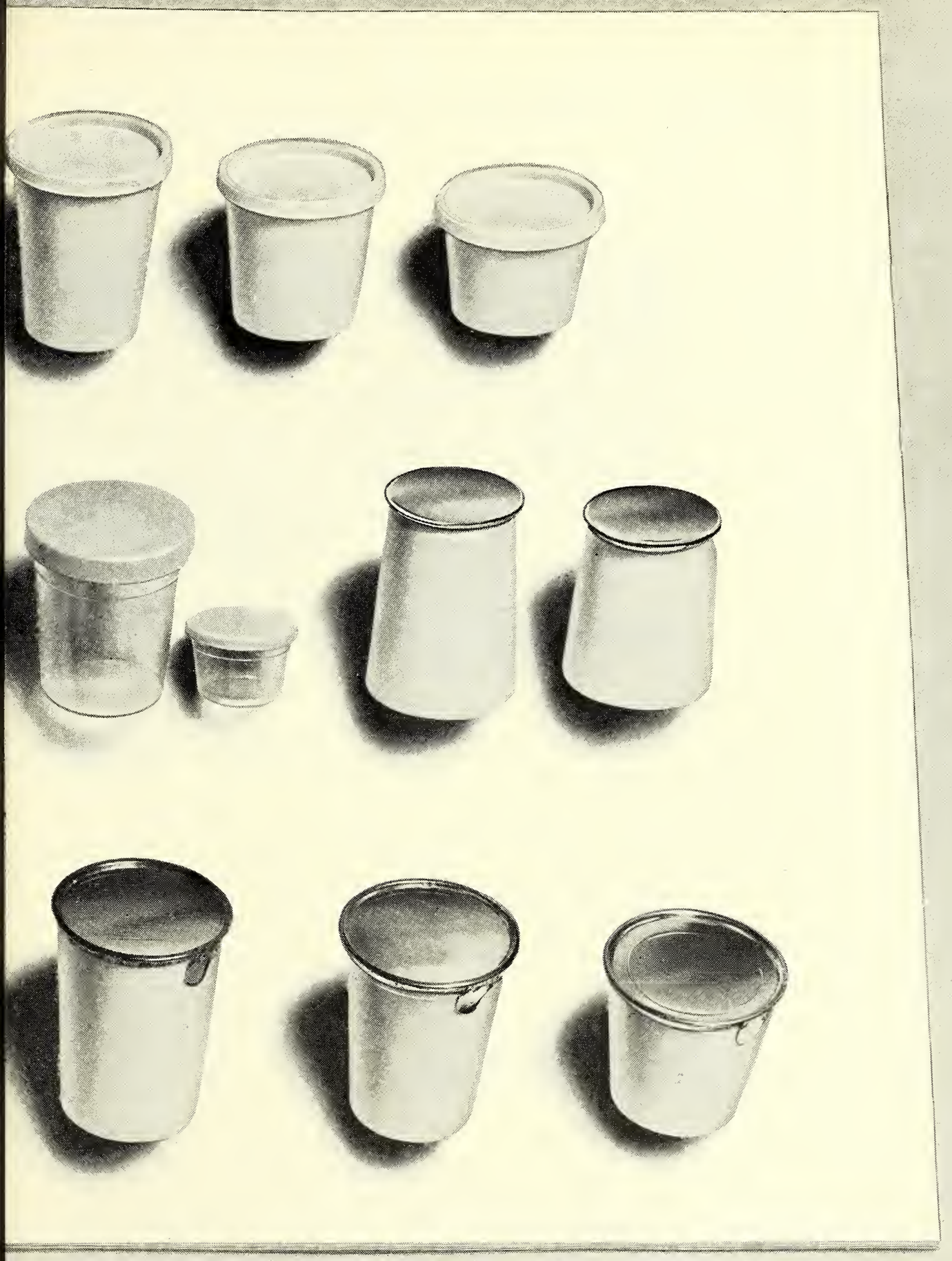

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Westons' new colours?

Westons (Chemists) Ltd made their first inroad into Shropshire last week by opening a branch at 13 Pride Hill, Shrewsbury. The premises were converted from a Lyons Tea House in seven weeks and now have a sales area of about 2,500 square feet, all at ground floor level.

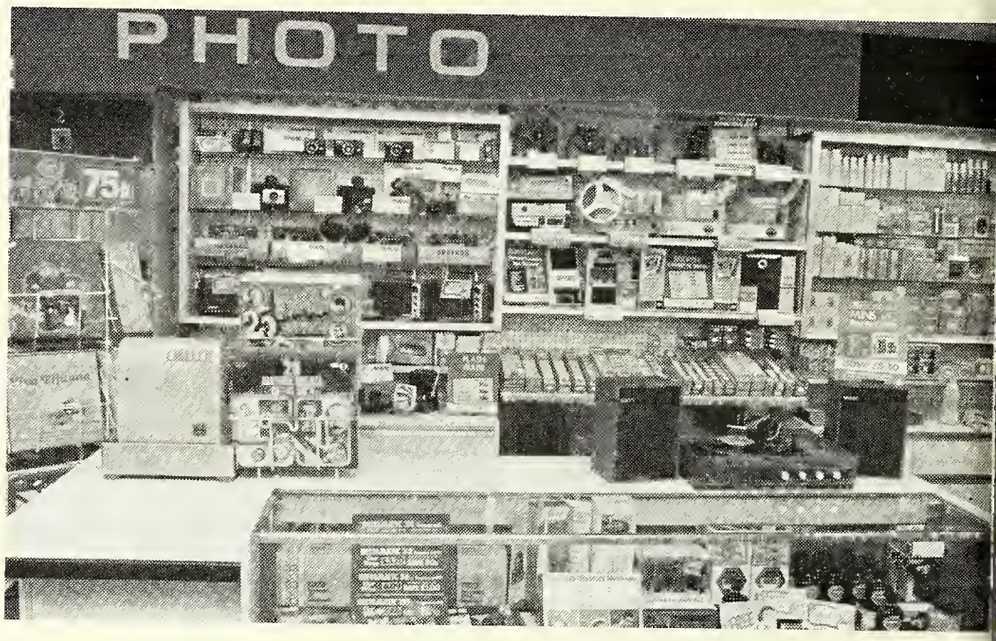
ICI Ltd were consulted about the colour scheme used and a company spokesman said that if it was successful it may become the Westons' house style.

Floor tiles are of fawn and orange. The shelves which can be stripped down are backed by white peg-board. The canopy facia is in "windmill", a grey-blue, and the walls above "tarn", an orange. The fibre-board ceiling is suspended on a steel frame and is white. Ceiling tiles are fire resistant and "acoustic".

Customers are offered a combination of supermarket and personal service with three tills at the front of the shop and one each on the medicine, photographic and cosmetic counters.

A feature of the premises is the narrowness of the frontage (18 feet) compared with the length (105 feet).

The "check out" area resembles that of many small supermarkets. An eye-catching bright orange sign the width of the shop declares "Welcome to Westons" with "Please pay here" on the reverse. On one wall above the self-service baskets is a sticker-board bearing details of special offers; on the opposite wall record sleeves are displayed.



Transformation

About 17 feet into the shop there is a transformation, the premises widen to 23 feet and more conventional displays of chemist items begin. A deliberate merchandising policy has been to incorporate higher-priced items into the various sections. Electric hair rollers can be found in the hair spray section, and electric blankets are displayed together with hot water bottles.

At the far end, one foot above shop level, is the dispensary with an open hatch from which the pharmacist can view the medicines counter below.

The company had given careful thought to the layout of the chemist section, and the shop also stocks items such as children's books and games, records and audio equipment, Christmas cards and a small amount of jewellery. The manager is Mr Walter Brown, 28, who did his pre-registration training with Westons. This is his fourth branch and the third one that he has opened. Mr Brown has about 20 assistants, some being well experienced staff. A second pharmacist is employed.

Shrewsbury's Pride Hill is a steep incline, at the back of the premises there is a 38 feet drop from dispensary floor level to the ground. Below the sales area are stock rooms and below that a machine house for the heating system and staff rooms. The branch is sandwiched between two sites owned by Boots Co Ltd, with a distance of about 200 yards between these sites. Both are large and one is being redeveloped.

The area is a prosperous shopping centre catering for an estimated 200,000. With the new shop, there are now seven pharmacies on Shrewsbury's central rota.

Judging by the interest of passers by on the day before opening and the attempts by potential customers to enter despite large Day-Glo signs declaring "Opens tomorrow" Westons will have good reason to be pleased with their latest venture.

Letters

Irish VAT

I am directed by the Revenue Commissioners to refer to an article on value added tax by Mr M. F. Walsh, MPSI (*C&D* November 18) and to his letter (November 25) in which it is suggested that pharmacists may not be liable for tax in regard to the value of drugs and preparations supplied on prescriptions from Regional Health Boards.

I wish to inform you that the goods in question will be liable to tax; there are no provisions under which they might be relieved either on the grounds that they are "non-profit" items or by reference to the circumstances relating to their supply.

D. J. Dennehy
Office of the Revenue Commissioners,
Dublin 2

Post Scripts

It just goes to show how inferior publicity starts.

The *Guardian* on Monday reported that following the drop through half a million letter boxes of two free Stayfree mini-pads Johnson and Johnson "may have to curtail its promotion before the next week's out".

The report continued: "In seven days it has dropped half a million sanitary towels in 'selected areas' and has been receiving much the same kind of reaction as the IBA got when it passed the Lil-lets commercial for Thames Television. So much so, in fact that Johnson's publicity lady said she thought they might have to give up that particular promotion."

By the time the *Guardian* had published its report, J & J had completed the sampling of more than a million homes and as *C&D* went to press we had heard from the company that four samples had been returned without any letters of complaint. The company had also received a letter from an "embarrassed landlady who had opened the sample in front of some guests and another letter had been received from a lady who was complaining that the package had arrived while she was out of the house and that the sample had been opened by her small daughter. There had been seven letters disapproving of the samples and five letters objecting to a national press 'ad'. *C&D* also learned that the *Guardian* had received one letter.

From this sort of response it appears that the newspaper was rather making a mountain out of a mole hill.

Comment

Medicines for sale

Nine thousand units of Beecham medicines sold in just two weeks trading at a new Carrefour hypermarket. Good for Carrefour. But good for the customers? And in the long term, good for Beecham?

Seeking publicity, Beecham Products have issued a report (p862) on their success in showing Carrefour just how to sell medicines in quantity. They point to the profit margin. They stress the volume sales in a self-service situation. They enumerate the shelf facings. They show cause why supermarket operators should lose their inhibitions and think of medicines along with fast moving groceries. This is convenience shopping in the extreme.

Just where did these 9,000 Carrefour sales come from? Was new business generated? That is, were customers persuaded to buy medicines that they did not need? Or was the business diverted from some other outlet? And was that other outlet the pharmacy?

Through the Medicines Act, Parliament has made the pharmacy the prime distribution point for medicines—but it left the extent of the general sale list to be fought out between the vested interests of professionalism and commercialism. That the fight is hard and bitter can be judged from the lengthy period during which publication of the draft list has been "imminent".

The pharmaceutical profession argues on grounds of safety; much of the proprietary medicines industry on grounds of convenience. Yet if "convenience" is to mean anything at all in relation to medicines, it must be that the public has access to them in time of need. For "stock" medicines, this might imply availability of a tightly controlled range from a non-pharmacy where—and only where—there is no pharmacy in any of the consumer's normal shopping areas. For "emergencies" a case can be made for a very limited number of medicines to be made available at points close to the domiciliary situation.

By no stretch of the imagination does either concession to general sale, apply to the hypermarket. To reach the out of town premises, most customers will be passing a pharmacy and will ignore a "convenience" store near to their homes. And it is hard to foresee the housewife "popping across to the hypermarket" for some headache powders when a crisis arises.

If medicines were ordinary articles of commerce, then let profit be the motive for their sale, and let all dip into the tub. But they are not.

If each of the 9,000 Beecham medicines sold by Carrefour in a fortnight retailed at 20p, the turnover would be £900 a week—enough to support TWO pharmacies *on o-t-c medicines sales alone*. And, we suggest, split up around an area like Caerphilly, enough to spell the difference between success and disaster for a number of rural and small town pharmacies. Remember, this is on Beecham medicines alone—we are not told the "potential" for competitors' products.

So we repeat, in whose interest is it that the hypermarket and supermarket should merchandise medicines? If pharmacies close as a result, certainly not the customer's.

It must be recognised that Beecham have been in the forefront in defending resale price maintenance on medicines—indeed, it appeared at one time that they were a lone voice—and pharmacy is grateful for the company's efforts. But on what grounds did the Restrictive Practices Court allow rpm on proprietaries?

The 1967 judgment makes the position quite clear. Without rpm, said the court, supermarkets would stock the popular medicines whose sale accounts for a large proportion of the occasions on which customers visit the chemist. This loss of sales would affect the pharmacy's turnover in other o-t-c goods, substantially increasing the rate at which small chemists go out of business—particularly in urban areas away from shopping centres.

The court declared that the reduced availability of less popular o-t-c medicines, and the loss of dispensing points, would both be "a detriment to the public".

The rpm decision was therefore taken not on the effects of price cutting itself, but on the view that if the supermarket obtained too large a slice of the medicines cake, the public would be the long term losers.

If encouraging supermarket sales can be taken as indicative of the attitude of the proprietary medicine industry as a whole, then the government must ensure that the consumer-protective intentions of the court are implemented by taking a political decision to have a short general sale list—and to limit and licence the non-pharmacy outlets for medicines.

Administrative justice

The fear that key pharmaceutical posts in the new integrated Health Service would be automatically filled by those in Noel Hall posts was expressed by Mr A. Howells and many speakers at the Yorkshire Regional Conference (p872).

Under the reorganised service the regional, area and district pharmaceutical officers are to be responsible positions and those holding the posts will be expected to ensure the integration of the pharmaceutical services at the various levels.

It therefore follows that the officers should have a reasonable amount of administrative experience and a wide enough knowledge of the groups in the Service.

We therefore have more than a passing degree of sympathy with those in retail practice who can see in the present hospital hierarchy, the outline of that for the integrated service so that one can be overlaid on the other.

It is essential therefore that the profession really ensures those in the corridors of power realise that unless chemist contractors feel they are able to contribute in every way and have every confidence in the working of the new administration, the pharmaceutical service will not become truly integrated and the patient will probably suffer.

The ephemeral joint advisory committees that have been set up in an *ad hoc* way also give rise to some doubts about the success of integration. One such committee is said to have had five hospital pharmacists and one from retail practice appointed to it.

This is not to criticise the hospital pharmacists, who are either in Noel Hall appointments or have been invited to serve on the PACs. The criticism is of the bureaucracy behind the service that appears to be somewhat myopic on occasions. NHS reorganisation is too important to be left to the bureaucrats. All the professions—not just one or two—must be able to thrive in the structure. For unless all can give of their best, the patient will receive a service that is not the optimum to which he has a social right.

Professional News

Yorkshire Regional Conference

'Best men' required for the new Health Service posts

"In the coming integrated health service the posts of regional pharmaceutical officers should be advertised and attempts made to obtain the best possible persons in the posts and not merely use the Noel Hall structure and appoint regional and group pharmacists to these posts because of administrative or economic ease or advantage" said Mr A. Howells, member of Council, at the Yorkshire Regional Conference in Leeds on December 3.

The new posts would require men who could draw together the hospital and general practice pharmacists to work harmoniously in the new service. "Let's start off with the best men it is possible to get".

Mr Howells, discussing the reorganisation of the Health Service, said the proposed organisation had been described as 'maximum delegation downwards with maximum accountability upwards". He was extremely disappointed by the way the pharmaceutical profession had been ignored by the Government. The Pharmaceutical Society, National Pharmaceutical Union and the Contractors Committee had submitted proposals. They had pressed for parity with the dental profession on many of the committees with no results up to date. "We shall try again at the House of Commons Committee stage that will probably be reached in February or March 1973." There were many instances where pharmacists were being denied the right of being in the "health team".

Referring to the regional, area and district pharmaceutical officers that would be appointed in 1974, Mr Howells said advertisements for the posts should be submitted to the Pharmaceutical Society, Contractors Committee, and the Guild of Hospital Pharmacists before publication. If it was the intention to appoint persons to the posts merely because they held a Noel Hall appointment, that could be disastrous. "We may have to advise that there will not be any co-ordination in the pharmaceutical service".

Mr Howells suggested however, that he would like to see a little integration in the profession of pharmacy—"Isn't it time we forgot about the areas in which we work —hospital, academic and retail. We should be all speaking as pharmacists. For too long the profession had been fragmented.

Mr Max Gordon referred to the joint advisory committees that had been set up and demanded that the advisory committees should include representatives of every aspect of pharmacy and "not be overburdened with hospital pharmacists". The committees were the means of ensuring views being put to the shadow authority. Mr Howells said he knew nothing about the joint advisory committees. It would help if pharmacists who were approached to serve on such committees would advise headquarters. Mr Gordon said the JACs had been "bandied about" for many months and one committee report was supposed to be finished in January.

EEC threat to hospital

The "surplus pharmacists in France" could be used by the Department of Health and Social Security to "beat down" hospital pharmacists salaries said Mr C. C. Stevens, vice-president Pharmaceutical Society when speaking on "The Future of Pharmacy in the Common Market".

He was replying to Mr G. Wright, who had asked if the free movement of labour under the EEC arrangements would affect pharmacy in Britain. Mr Stevens did not think that many of the pharmacists who might emigrate from the current EEC countries would find employment in retail pharmacy—it would pay employers to offer British pharmacists 20 per cent more. In industrial pharmacy there had been some little movement—there were a number of English pharmacists already working in Holland, Belgium and Denmark. If there was any threat at all it would be in the hospital sector.

Although the Community was pressing hard for free movement, the Education Committee of the Pharmaceutical Society was not happy about the situation and they were not inclined to lower their current standards. Mr Stevens suggested that some of the difficulties that had arisen during discussions with the EEC had been due to their inability to recognise the differences in the university structures.

Of the six EEC principles that had been accepted by the Council of the Society, the Company Chemists Association had some reservations concerning the one-man-one-pharmacy principle. The Association of the British Pharmaceutical Industry and the Company Chemists had reservations about the monopoly recommendation.

On planned distribution most were in agreement, although the company chemists again had some reservations. There was some resistance to the principle concerning the responsibility of pharmacists in industry by the APBI and PAGB who saw no reason why chemists should not be accepted as satisfactory, as well as those Mr Stevens described as "qualified by experience".

Mr Max Gordon with Inspector Shaw

Premises security

A number of retail pharmacies are not as secure as they might be—seek the advice of the local police crime prevention officer, said Inspector Shaw, Bradford City Police drug squad.

He reminded the sixty pharmacists at the conference that it was "no good having an immaculate Dangerous Drugs Register and cabinet if the back door was not secure."

Currently cannabis and LSD problems took up 90 per cent of the Bradford drug squad's time, but there was an increasing barbiturate problem. There appeared to be a certain "laxness in the prescribing of barbiturates and the security of prescriptions". He therefore asked pharmacists to be aware of the police problems and if there were any suspicions when a prescription was received "Please, please give us a call".

The Inspector referred to a prescription that was apparently satisfactory—but the person who had presented it was dirty, unkempt and illiterate.

In the Bradford area the inspector felt that most forged prescriptions were brought to their notice. It had, however, been necessary to prosecute the staff of some pharmacies. "We seem to find that such staff were girls aged 16-19, employed on a part-time basis and all under the influence of a boyfriend(s) who abused drugs."

He believed there were a number of young persons who obtained jobs in pharmacy especially to obtain drugs. During police investigations they sometimes found a girl who worked at a chemists was involved with a boy friend or a group who were possibly misusing drugs, but there was no way in which that information could be correctly passed on. If pharmacists had any doubts "give us a ring".

When asked if girls employed in pharmacies became involved in the drug scene after they had been in such employment or did they seek such posts because they wanted drugs. Inspector Shaw said "it seems to work both ways". He had found that many addicts or misusers of drugs knew quite a lot about the inside and working of hospital and other pharmacies. The amount of information they had was surprising and sometimes there were deliberate attempts to find a sympathetic girl in a pharmacy to obtain drugs for them.

Pharmaceutical Society of Northern Ireland

Hospital pharmacists' concern over Noel Hall

Concern amongst hospital pharmacists about the implementation of the Noel Hall eport was mentioned at the meeting of he Council of the Pharmaceutical Society of Northern Ireland, held in Belfast on November 16. Mr Kerr said a Committee of the Council had been appointed some ime ago to meet representatives of the ospital pharmacists from time to time. Had no meetings been held? Mr Eakin aid a meeting had been held to discuss he report. He did not think any further equest for a meeting had been received rom the hospital pharmacists. Mr Kerr aid he appreciated that Council had been ngaged in other matters but felt in conidering the plans for the restructuring of he health and personal social services nsufficient attention had been paid to their ffect on hospital pharmacy. As he undertood the position some hospital pharmaists would suffer a loss of status if not of alary and he felt a meeting with their ospital colleagues should be arranged. It vas agreed that a meeting be sought and hat the president, vice-president, Messrs Eakin, Hunter, Kerr, McIlhagger and Moore attend on behalf of the Council.

Mr Eakin referred to a request he had nade at a previous meeting about a course n business management for students undergoing practical training. He was pleased to earn that Professor D'Arcy was making rrangements for a symposium on the natter to be held on a Wednesday afternoon in April 1973 after which every effort vould be made to arrange a suitable ourse.

Little progress

Reporting on the recent EEC meetings of the UK Group and the European Group, the president said while he appreiated members were anxious to learn vhat would be the effect on Northern reland pharmacy of the United Kingdom's ntry to Europe the truth was that there vas little authentic information that could e published. Only one of the draft directves had made much progress, that on reedom of establishment. At the meeting eld in London early in October the officers of the European Group had explained and nswered questions about the various irectives. There were many points that equired further investigation and important decisions had yet to be made. It would ot be advisable for any of the delegates, nuch less the members of the Council, to ttempt to forecast at meetings of members of the Society the effect on Northern Ireand pharmacy of entry into Europe.

A letter from the Ministry of Health and Social Services was read stating that the perative date for the restructuring of the ealth and personal social services had been deferred from April 1 1973, till October 1 1973.

The secretary, Mr W. Gorman, reported receipt of the draft Medicines (Hexachlorophane Prohibition) Order prohibiting the sale, supply and importation of any medical product containing hexachlorophane except by a pharmacist on prescription. An exception was made for a medical product that is a cosmetic and is free from the restrictions of sections 7 and 8 (licences and manufacture of medicinal products) if it contains 0·1 per cent or less of the hexachlorophane and there is a warning on the label that it is not to be administered to a child under 2 years of age.

Notice was received of intention to relax from control under the Therapeutic Substances Act 1956 certain sulphacetamide eye ointments if for first aid rooms or first aid boxes or for supply to an ophthalmic optician for the purpose of his profession or business.

Receipt was also reported of a copy of the Medicines Act 1968 (Commencement No 2) Order dealing with false descriptions of medicines, false advertisements and the power of the licensing authority to require copies of advertisements.

A letter from the Ministry of Health and Social Services stated that posts as area pharmacists would be created as follows: Eastern Health and Social Services Board, pharmaceutical area A (at Belfast City Hospital) and pharmaceutical area B (at Ulster Hospital); Western Board (at Altnagelvin Hospital, Londonderry); Northern Board (at Waveney Hospital, Ballymena); Southern Board (at Craigavon Hospital).

The posts would be grade IV under the Noel Hall structure but as far as the "A" area posts in the Eastern Board were concerned, this might involve a link with the department of pharmacy at the Queen's University of Belfast and, depending upon the contribution of the holder of the post to the science and practice of pharmacy, might, subject to the recommendation of teaching hospital chief pharmacist's grading advisory panel, attract a grade V.

Mrs Watson drew attention to the byelaws recently made authorising the election of Fellows of the Society by the Council in December and June of each year. It was agreed that a meeting of the General Purposes Committee be held.

Books received

Thalidomide and the Power of the Drug Companies.
H. Sjöström and R. Nilsson. *Penguin Books Ltd*, Harmondsworth, Middlesex. 7 x 4½ in. Pp 282. £0.40.

Indian Pharmaceutical Guide 1972
Pamposh Publications, E-38 Hanz Khas, New Delhi-16. 9¾ x 7½ in. Pp 1152. £6.

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Therapeutic Advances

by B. C. Bryant, FPS

Expenditure on research by the United Kingdom pharmaceutical industry is estimated to be as high as £22m a year which is more than 27 per cent of all UK medical research. It is not surprising therefore that attention is sometimes drawn to the heavy economic risks which the industry has to face in relation to its high-powered research and development programmes, coupled with the problems of toxicity hazards, drugs becoming out-moded and the uncertainties of impending legislation.

Nowadays such factors as these become even more critical in their application and may well have a retarding influence on the introduction of new products. In 1972 the flow of new medicinals has steadily continued although perhaps more slowly than in the past and this review points to achievements of the pharmaceutical industry by considering some of the important therapeutic innovations of the current year.

Antibiotics

Manipulation of the 6-aminopenicillanic acid nucleus has resulted in a number of semi-synthetic compounds having clinical advantages over penicillin, a notable example being the well-established ampicillin.

A recent addition to the same field is amoxycillin (Amoxil) which is 6-[D(—)-α-amino-*p*-hydroxy-phenylacetamido]-penicillanic acid trihydrate. This new derivative has an antibacterial spectrum similar to that of ampicillin but it is characterised by its exceptionally high absorption after oral administration irrespective of whether the patient is fasting or not.

It produces serum concentrations twice as high as those produced with equivalent doses of ampicillin and in this respect has clinical advantages in attacking foci of infection in inaccessible tissues. It is indicated in upper respiratory tract infections, bronchitis and urinary tract infections.

Hormones

In addition to thyroxine and tri-iodothyronine there is a third active hormone of the thyroid gland namely calcitonin. This hormone is concerned mainly with the maintenance of calcium balance. It controls the excretion of calcium and phosphate and prevents the resorption of calcium from bone.

Calcitonin (Calcitare), of porcine thyroid origin, is now available for use by injection in a number of conditions involving calcium imbalance notably Paget's disease of bone, thyrotoxicosis and idiopathic hypercalcaemia. Present evidence suggests that in Paget's disease the hormone halts or markedly slows down the progression of the disease, counteracts further bone changes and reduces bone pain. A preliminary intravenous injection of the hormone is to assess its effect. Subsequent doses based on the initial response are given by intramuscular or subcutaneous injection in a special gelatine base for prolonged action.

Steroid therapy

Systemic steroids are recognised as the most effective form of treatment for bronchial asthma although their use is frequently complicated by serious side effects.

A new approach to the problem is now possible by the inhalation of a selective anti-inflammatory steroid namely beclomethasone dipropionate. This compound has been found to be highly active at body surfaces in doses which are not systemically active. Administered as an aerosol, it provides control of asthma without causing adrenal cortical suppression. Each inhalation contains 50 mcg of micronised powder per puff, a normal dose being 100 mcg four times a day. Clinical trials have shown the metered aerosol (Becotide) to be as effective as systemic steroids in the management of bronchial asthma and it seems likely to offer a useful alternative to oral therapy for a wide range of asthma patients.

Intranasal flu vaccine

A new intranasal influenza vaccine is based on the principle that the spraying of inactivated virus into the upper respiratory tract results in a rise in secretory antibody levels and local immunity to the invading viruses. Controlled trials involving more than 10,000 subjects have been carried out in nine different countries and the results indicate that the protection provided is comparable with that found after subcutaneous vaccination.

The freeze-dried vaccine (Influvac, Vaxihaler) is contained in a metered-dose aerosol, supplied with 25 disposable nasal applicators and sufficient vaccine for 25 patients. Each metered-dose (4 puffs) contains 600 IU incorporating those strains of virus present in the currently used influenza injection.

Outbreaks of influenza associated with a new strain of virus have been occurring recently. The causative strain has been designated A/England/42/72. Current inactivated vaccines contain the A/Hong Kong 1/68 strain and such vaccines will produce some antibody levels against the new strain but this may be insufficient to provide effective protection.

To meet the needs of a possible widespread epidemic, a new mono-valent inactivated influenza virus vaccine (Admune Mono) has been produced, containing in 1ml 600 IU of A/England/42/72. A single dose is expected to produce protective antibody levels within two weeks and these will be maintained for some four to six months.

Nasopharyngeal applications

Relief of nasal congestion is the common aim of many well established nasal drops and sprays containing decongestive and other agents. To this group now comes a new product (Dricol) with some claim to novelty in that it obviates the disadvantage of rebound nasal congestion. Its active principle amidephrine mesylate (0·1 per cent) acts on two receptor sites. It shrinks swollen membranes by stimulating alpha vasoconstriction and it prevents rebound congestion by blocking beta-adrenergic-induced vasodilation. With that dual effect the preparation should be a useful aid in the treatment of allergic or infectious disorders of the upper respiratory tract.

Psychotropic drugs

Flupenthixol decanoate (Depixol) is a new compound with valuable applications in schizophrenia. It resembles fluphenazine hydrochloride (Moditen) in structure, being the thioxanthene analogue of that compound but there are differences in its pharmacological properties. Flupenthixol is distinguished by its increased antipsychotic action and by its activating and antidepressant properties. It is administered as a 2 per cent solution in oil by deep intramuscular injection and achieves prolonged blood levels so that maintenance doses last for two to four weeks. This effect is advantageous when oral administration cannot be controlled and continuity of treatment is essential, as in the management of schizophrenia.

Cardiac drugs

The increasing incidence of heart disease draws attention to the important role of this group of drugs. Several advances of recent years such as the adrenergic beta receptor antagonists are now well established in modern therapy. An addition is disopyramide (Rythmodan), described as 4-di-isopropylamino-2-phenyl-2-(2-pyridyl) butyramide. Taken by the month this substance prolongs the A-V functional refractory period and slows conduction in the myocardium and Purkinje system, thus reducing cardiac excitability. It is therefore used in the control of cardiac irregularities and arrythmias, for example following myocardial infarction.

In its effect on cardiac muscle disopyramide resembles quinidine but experimentally it has greater activity. The drug has no beta-blockading action and little effect on

n 1972

lood pressure or cardiac output. Most atients respond to doses of 100 mg six ourly, although much larger doses have een used.

nalgesics

Iew analgesic substances are tending to eplace traditional remedies for pain relief, ut research is still being directed towards nding safer, more potent and longer-asting analgesic agents. A recent introuction is known as piritramide (Dipiolor), chemically described as 4-(4-arbamoyl-4-piperidinopiperidino)-2, 2 phenylbutyronitrile. The new compound a powerful analgesic, having a long uration of action and little tendency to roduce either respiratory depression or netic effects. Its special use is for the elief of post-operative pain for which a 1 er cent solution is adminstered by intrauscular injection. Depending on the everity of the pain repeat doses may be ven every six hours.

ntispastic agents

. new antispastic agent of particular signicance for patients with multiple sclerosis as been introduced during the year. This rug is baclofen (Lioresal) known chemilly as β-aminoethyl-*p*-chlorohydrocinnaic acid.

Baclofen acts at the interneurones in the pinal cord and affects those pathological onditions influencing muscle tone. The ndications for its use include voluntary uscle spasticity due to multiple sclerosis nd a number of other spinal lesions. In he clinical trial involving cases of multie sclerosis and spinal lesions, improvement was produced in 61 per cent of the atients. The dosage scheme for baclofen as to be carefully adjusted: 5 mg three mes a day for a minimum of three days, ncreasing by 5 mg daily at three day interals until an optimal therapeutic effect is btained at about 40-60 mg daily.

naesthetics

n last year's review mention was made of new steroid intravenous anaesthetic ndergoing clinical trials as CT1341. This roduct has now become available as lthesin, a ready-to-use clear injection olution each ml containing alphaxalone mg and alphadolone acetate 3 mg. Its ses are primarily for the induction of naesthesia and as the main anaesthetic for hort surgical procedures especially when apid recovery is required. Following a ngle intravenous injection, anaesthesia ccurs in about thirty seconds and recovery akes place after five to ten minutes. The rug is not stored in the tissues and is pidly inactivated by the liver, hence its rief action.

Another anaesthetic compound of unusual interest is ketamine hydrochloride (Ketalar), a chlorophenyl methylamino derivative of cyclohexanone. This is a rapid acting non-barbiturate anaesthetic for intravenous or intramuscular use either for induction or for general anaesthesia. It is unique in that it has cataleptic, analgesic and anaesthetic properties without the sedative effects common to the intravenous barbiturates. Following administration analgesia occurs before anaesthesia is established and persists beyond the first anaesthetic period. This action is of value for some procedures but may complicate the recovery period. Ketamine thus differs considerably from other anaesthetics and its practical applications remain to be further developed.

Vasodilators

A new compound, naftidrofuryl (Praxilene) or β-naphthyl-1-β^1-tetrahydrofuryl diethanolamine isobutyrate acid oxalate has a number of different pharmacological actions. It is an antagonist of the natural vasoconstrictor hormones serotonin and bradykinin and it has an inherent vasodilator and vasospasmolytic action by virtue of a sympathetic ganglion blocking effect.

It has also a stimulant effect on cerebral metabolism and blood flow, causing an increase in the level of adenosine triphosphate in brain tissue, this substance being involved in the oxidative reaction providing necessary energy for neuronal activity in the brain. On the basis of these diverse effects, naftidrofuryl is considered to have therapeutic applications in the treatment of cerebral vascular disease, cerebral atherosclerosis and peripheral vascular disorders.

Antirheumatic agents

Whilst aspirin still stands high among the drugs used to control rheumatic disease, the search continues for compounds likely to prove both effective and better tolerated during long term administration.

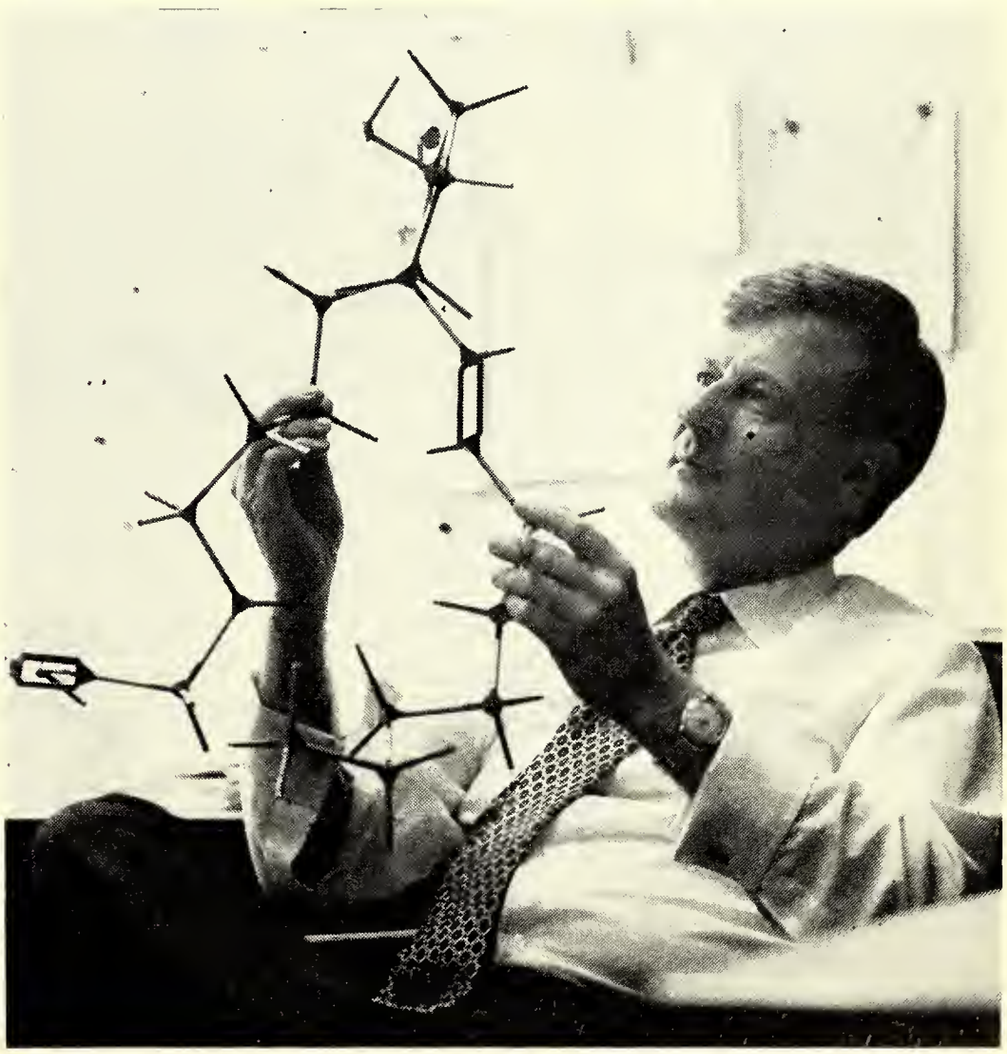
An interesting approach to the problem is provided by a chemical combination of paracetamol with aspirin, resulting in the substance known as benorylate or 4-(acetamido)phenyl 2-acetoxy benzoate (Benoral). This is a white, odourless and tasteless crystalline substance which is virtually insoluble in water but is readily absorbed from the gastrointestinal tract, probably because it is liquid soluble over a wide range of pH.

Compared with a mixture of aspirin and paracetamol, benorylate has a more prolonged effect possibly because of gradual absorbtion or due to storage within the body of the unchanged drug. It is considered to have analgesic and anti-inflammatory properties comparable to those of phenylbutazone or indomethacin. A feature of the clinical trials has been the outstanding tolerance to the compound. The product is issued as a fine-particle-powder in 40 per cent aqueous suspension.

Another addition to this field of antirheumatics is the compound alclofenac which has the chemical designation 4-

continued on p876

A structural model of prostaglandin E, *(next page)* displayed by Dr J. E. Pike, head of experimental chemistry, Upjohn Co. The structure of this molecule was first determined in Sweden by Professor Sune Bergstrom



Therapeutic advances 1972

continued from p874

allyloxy-3-chlorophenylacetic acid (Prinalgin). In clinical trials alclofenac has been shown as effective as indomethacin and phenylbutazone for relieving arthritic pain and impairment of joint function. No serious side effects were detected in any of the 4,500 patients involved in the trials. In other studies in patients with chronic pain a dose of 500 mg alclofenac was considered as effective as 50 mg pentazocine and better than codeine.

Oral contraceptives

Sometime ago, the oral contraceptives based on a progestogen only regime and also the sequential preparations were suspended as a precautionary measure, following reports of adverse effects occurring in animals receiving high dosage schedules. Since that time the Committee on Safety of Medicines has completed an extensive research in this field. Its report on "Carcinogenicity tests of oral contraceptives" concludes that the evidence available from extensive studies with progestogens and/or oestrogens cannot be interpreted as constituting a carcinogenic hazard to woman when these preparations are used as oral contraceptives.

On the basis of these findings, some new oral contraceptives are being introduced. Two of the progestogen only type contain norethisterone 0·30 mg per tablet (Noriday, Micronor) and provide contraceptive protection on a continuous daily dosage schedule. A new oestrogen/progestogen combination (Ovran) contains ethinyloestradiol 0·05 mg and d-norgestrel 0·25 mg.

Prostaglandins

Because of their numerous and diverse physiological effects, the prostaglandins have for many years occupied the attention of research workers all over the world. There are 14 of these compounds, all but one occurring in man and each having the same molecular parent structure based on prostanoic acid. Their many physiological effects range from the ability to change blood pressure, to inhibit gastric secretion and platelet aggregation, to causing nasal vasoconstriction and bronchodilatation.

Such actions and others suggest that the prostaglandins will eventually find valuable therapeutic applications in many branches of medicine. For the present however, two of these novel compounds namely prostaglandin E_2 and prostaglandin $F_{2\alpha}$ (Prostin) have been introduced for hospital use in obstetrics and gynaecology, especially for the induction of labour. Given by intravenous injection they are known to work synergistically with oxytocin and stimulate smooth muscle to produce contractions.

This however, is but one application of the prostaglandins; it is considered that with the development of new analogues of these compounds. much wider therapeutic possibilities will become available.

Market News

SCARCITY OF ROOTS

London, December 6: Many of the European roots and some from other sources were scarce during the week. This resulted in a number of prices being nominal including quillaia dandelion, senega and squill. Cape aloes moved up and the Curaçao variety down by about £10 ton in both positions. Henbane was dearer by £50 metric ton and liquorice root by £5-£10 ton according to source.

Among essential oils prices were firmer for citronella, eucalyptus, peppermint (arvensis) and petitgrain.

Pharmaceutical chemicals were unchanged on the week. Zinc oxide is expected to rise by about £11 ton following the price rise in zinc metal.

Pharmaceutical chemicals

Acetomenaphthone: 100-kg lots £5·62½ kg.

Ascorbic acid: £2·45 kg; 5-kg £2·51; sodium ascorbate, plus £0·23; coated, plus £0·10 kg.

Carotene: Suspension 20 per cent £16·73 kg.

Cyanocobalamin: Up to 200-g lots £2 per g.

Folic acid: 5-kg lots £18·65 kg.

Mercurochrome: £7·95 per kg.

Mercury salts: Per kg in 50-kg lots; ammoniated powder £5·15; oxides—yellow £5·90 and red £6·10, perchloride £4·30; subchloride £5·45; iodide £5·70 kg for 25-kg.

Mersalyl: Acid £15·75 per kg; sodium £21·50.

Nicotinamide: (Per kg) 1-kg £2·45; 5-kg £2·42.

Nicotinic acid: (Per kg) 1 kg £2·20; 50-kg £2·17.

D-Panthenol: £9 kg; 5-kg £8·50 kg.

Potassium bitartrate: (metric ton) 50-kg lots £399; 250-kg £391; 1-ton £381.

Potassium citrate: £353 per metric ton.

Pyridoxine: £4·93 kg; 5-kg £4·90.

Quinine: (Per kg in 85-kg lots) Alkaloid £34·25; bisulphate £26·25; dihydrochloride £32·25; hydrochloride £32·50; sulphate £28; hydrobromide (10-kg) £33·40.

Riboflavine: £14·17 kg; 5-kg lots £14·14 kg.

Sodium perborate: (Per 1,000 kg) **monohydrate** £283·50—**tetrahydrate** £145·75.

Sodium salicylate: Per kg in 5-metric ton lots £0·54; 1-ton £0·55; 250-kg £0·56½; 50-kg £0·59.

Sorbitol: Powder £335 metric ton for over 250 kg.

Thiamine hydrochloride: £6·20 kg; 5-kg £6·17 kg; 25-kg £6·10.

L-Thyroxine: £1·15 per g.

L-Triiodothyronine sodium: £2·50 per g.

Vitamin A: Oily 1 m iu per g £5·30 kg; 5-kg £5·20 kg; dried acetate 325,000 iu per g £3·48 kg; 500.000 iu £4·55.

Vitamin D_2: Powder for tableting 850,000 iu per g, £17·88 kg; 5-kg £17·78 kg.

Vitamin E: (per kg) £6·40; 5-kg lots £6·37.

Zinc carbonate: BPC 25-kg sacks £0·25 kg.

Zinc chloride: Granular 96-98% £135 metric ton.

Zinc sulphate: Heptahydrate £52 metric ton.

Zinc oxide: BP in 10-ton lots £188·50 ton.

Crude drugs

Aloes: (metric ton) Cape primes £350 spot; £325, cif. Curacao £730 spot; £665, cif.

Cassia: Lignea, broken £800 metric ton cif.

Cinnamon quills: four O's £0·27lb; quillings £0·14 lb, cif.

Dandelion: Root £535 nominal metric ton spot; £520, cif nominal.

Ginger: (ton) Cochin, new crop £245, cif. Jamaican not quoted. Nigerian split £220 spot; £210, cif; peeled £320 spot; £320, cif. Sierra Leone, new crop £310, cif.

Henbane: Niger spot £500 metric ton; £485, cif.

Liquorice root: (metric ton) Chinese £105 spot; £70, cif. Russian £120 spot, £80, cif.

Menthol: (kg) Chinese spot £6·50; shipment £5·85, cif. Brazilian spot £3·90; shipment £3·80, cif. (Jan-March).

Quillaia: £680 metric ton nominal.

Pepper: (ton) Sarawak black £390 spot; £385, cif; white £580; £560, cif.

Senega: Canadian £1·90 lb spot nominal.

Squill: White spot £340 metric ton nominal.

Turmeric: Madras finger £200 ton; £190, cif.

Essential and expressed oils

Eucalyptus: Natural 80-85 per cent for shipment £0·75 kg, cif.

Lemongrass: Spot £2·50 kg; £2·37, cif.

Palmarosa: £7·00 kg spot, £6·20, cif.

Patchouli: Spot £8 kg spot; £7-£8, cif.

Petitgrain: Spot £4·50 kg; shipment £4·20.

Peppermint: (per kg) Arvensis Chinese, spot £3·00; £2·70, cif. Brazilian £1·67 spot; Jan-Feb £1·65, cif. American piperata from £1·60.

Coming events

Monday, December 11

Enfield Branch, Pharmaceutical Society, Postgraduate medical education centre, Chase Farm Hospital, at 7.45 pm. Talk by Mr R. Blyth (Editor, *Pharmaceutical Journal*).

North Metropolitan Branch, Pharmaceutical Society, Arnos Arms, Arnos Grove, at 8.15 pm. Mr F. Miller on "Twenty years globe trotting".

Nottingham Branch, Pharmaceutical Society, Postgraduate medical centre, Nottingham, at 8 pm. Discussion on "Obesity".

Southampton Branch, Pharmaceutical Society, Polygon Hotel, Southampton, at 8 pm. Mr S. Rawlings (late of Kew Gardens) on "Kew in colour throughout the year".

Tuesday, December 12

Romford Branch, Pharmaceutical Society, May & Baker Ltd, Dagenham, at 7.30 pm. Joint meeting with Essex Chemical Society. Talk by Dr Egan (Government chief chemist).

Shropshire and Montgomeryshire Branch, National Pharmaceutical Union, Rudge Roberts Ltd, Longdon Road, Shrewsbury, at 7.30 pm. Discussion on "Value added tax and the retail chemist".

South East Metropolitan Branch, Pharmaceutical Society, Greenwich Hospital, at 8 pm. Mr A. Howells (member of Council) on "Relationships between Branch, Region and headquarters.

Wednesday, December 13

London Branch, Guild of Hospital Pharmacists, Auditorium, Wellcome Building, 183 Euston Road, London NW1, at 7.30 pm. Dr P. D. B. Davies (consultant physician, Whittington Hospital) on "Drug-induced lung disease".

Scottish Department, Pharmaceutical Society, 36 York Place, Edinburgh, at 7.45 pm. Mr G. D. Matthew (reader, department of obstetrics and gynaecology, University of Edinburgh) on "Some problems related to infertility".

Thursday, December 14

Dundee and Eastern Scottish Branch, Pharmaceutical Society. Visit to Wright Dental Co Ltd, Block 11a, Kilspindie Road, Dundee, at 7.15 pm.

Durham County Branch, Pharmaceutical Society, Three Tuns Hotel, Durham City, at 8 pm. Mr C. C. B. Stevens (vice-president of the Society) on "Value added tax".

Galen Group, David Sweet Hall, Addiscombe Grove, Croydon, at 7.30 pm. Christmas party and bring-and-buy stall.

Glasgow and West of Scotland Branch, Pharmaceutical Society, Staff club, University of Strathclyde, at 7.45 pm. Mr A. J. Currie (Scottish hotel school) on "French wines".

Manchester Branch, Pharmaceutical Society, Boyd House, Upper Park Road, Manchester, at 8 pm. Miss E. Grimshaw on "Around Manchester".

Friday, December 15

Fife Branch, Pharmaceutical Society, Station Hotel, Kirkcaldy, at 8 pm. Dinner and dance.

Chemists' counter sales 'disappointing' in 1972

f it were not for NHS business, chemists vould be taking a noticeably smaller share of retail expenditure than 10 years ago, eports *Nielsen Researcher*, published by he A. C. Nielsen market research organiation.

Nielsen's prediction, based on 10 nonths' results, is that chemist's turnover n 1972 will amount to £426 million—an ncrease of 9·5 per cent on 1971, a similar ate of growth as for the past 3 years.

However, counter turnover increased by "disappointing" 5·5 per cent only, while NHS was up by 14·5 per cent. As a result NHS accounted for 46 per cent of turnover, compared with 44 per cent in 1971.

Looking back over 10 years, Nielsen find hat chemist's business has doubled—but NHS has nearly trebled, while counter urnover is up only 62 per cent. The Government's retail trade index has moved p by 82 per cent over the same period, ndicating chemist's declining share of exenditure.

The increase in NHS between 1971 and 972 comes from a small increase in preeribing, plus an estimated 10 per cent rise n the average prescription cost.

Multiple chemists (including Co-operaives, but excluding Boots) faired less well n average during 1972 than independents, ay Nielsen. Their total turnover increase vas only 8.5 per cent in the year ending October, comprising 11·6 per cent from NHS (against 5 per cent last year) and ·8 per cent cash takings (10·1 per cent in 971). The "sluggishness" of the multiples -t-c sector will surely not go unheeded, is suggested. For independents NHS usiness was up 13·8 per cent (against 1·2 per cent) but counter turnover was ip by only 6·8 per cent (8·1 per cent).

Nielsen found that over a 4-year period, *nit* sales were up by 9 per cent (31 per cent value) and that this growth had been generated with a stock reduction over the same period of 2 per cent. It is pointed out that since stock rationalisation carried too far can result in out of stock situations, independent chemist's are placing increasing reliance on their wholesalers—and they have the advantage over most retailers of being able to rely on at least one visit from a wholesaler every working day. Comparing January-February 1967 with July-August 1972, Nielsen found that the proportion of wholesale to direct purchases by independents had increased from 55:45 to 66:34. A check during October showed that 37 per cent of independents were using cash and carry against 32 per cent a year earlier.

Profile of a 'high-flyer'

What are the characteristics linking successful independent chemists? Nielsen set out to find the answer and took from their sample the 20 shops which had shown the fastest rate of growth for counter business—taken together, their record of turnover increase was six times the average.

The profile emerging is summarised by Nielsen thus:—

"A shop with an annual turnover of some £37,000 located in a shopping centre in a growing community offering self-selection and with a modern dispensary. It will be open for 47 hours a week excluding rota hours. Competitive prices will be a feature, particularly with special promotions on toiletries and cosmetics, and these may sometimes be achieved through purchases from cash and carry wholesalers. The general business expertise of the chemist himself is a vital factor and as a result a spirit of service to customers will pervade the premises."

Statistical points are included in the following table:—

Average annual t/o	£37,000
Full-time staff	3·75
Part-time staff	1·75
Average opening hours per week (excluding rota)	47
Location: Shopping centre	35 per cent
Shopping cluster	35 per cent
Main road	30 per cent
Recently modernised dispensary	35 per cent
Offer special promotions	70 per cent

Staff numbers ranged from 3-13, but averaged 5-6. Although the average opening hours were 47 hours a week, six shops opened for more than 50 hours. One-third of the group had recently modernised and extended their dispensaries, suggesting that increased NHS traffic could have contributed to their counter success. Three had recently modernised their shop fronts.

Nielsen Researcher, A. C. Nielsen & Co Ltd, Nielsen House, Headington, Oxford, OX3 9RX.

Chemist & Druggist

Wish all subscribers advertisers and readers a

Merry Christmas

and a

Prosperous 1973

Instead of unveiling a portrait of herself painted by Bernard Dunstan, "Miss Pears 1972" (Louise Payne from Walton-on-Thames) stayed at home nursing an attack of mumps. The unveiling ceremony fell to another beauty queen, Belinda Green, crowned Miss World 1972 five days previously.

Pharmaceutical Society's new Fellows

The panel of fellows of the Pharmaceutical Society of Great Britain has designated the following members as fellows of the Society, from December 6:

For distinction in the profession of pharmacy

Charles Henry Brunning, Caergwrle
Charles Richmond Dickens, Swansea
Walter George Fowler, Liverpool
Arthur Frost, Wolverhampton
Eileen Mary Hirst, Wigan
John Hunter, Stirling
Bennett Alexander Jacobson, South Africa
Peter Keddie, Northwood, Middlesex
Norman Frederick Maggs, Frome, Somerset
Harold Mendelson, Chislehurst
Leslie Holliss Moore, Bath
Stanley Edward Morgan, Luton
William Denton Nimmo, Middlesbrough
Brian Jack Morgan O'Malley, London
William Felix Patterson, Sheffield
William Peter Bartlett Phillpotts, Stony Stratford
Leonard Poyser, Berkhamsted, Herts.
Andrew Robertson Riley, Sunderland
John Schofield, Leeds
Ernest William Sterry, Rochester
Joyce Evelyn Tingate, Bristol
Margaret Wallis, Tunbridge Wells
Edward Joseph Willis, Australia
Barbara Jean Young, Bristol

For distinction in the practice of pharmacy

Mervyn Ronald Tickell Scott, Wantage

October figures

Retail figures for all chemists rose from 151 in September to 154 in October, an increase of 15 per cent. Independents also showed an improvement, from 137 to 143, an increase of 13 per cent. The October figures for multiple and Co-operative societies are not available.

Consumers want improved pharmaceutical service

The "little power" the Pharmaceutical Society has to limit the business activities of pharmacists and its "lack of authority" has prevented the Society from improving the general pharmaceutical service, maintains the December 8 edition of *Drug & Therapeutics Bulletin*.

And to back this view the *Bulletin's* publishers, the Consumers' Association, are to put proposals for improvement to the Department of Health.

A leader taking up most of the issue discusses the relationship between pharmacists and doctors, and how constraints make the work of the pharmacist difficult.

The article acknowledges the present economic difficulties of general practice pharmacy and describes the contribution that can be made by the pharmacist. It concludes that the proposed area health authorities could be given the powers required to plan the development of pharmaceutical services.

Much treatment is less effective than it should be because "something unforeseen happens after the patient has been given the prescription," says the *Bulletin*.

"The pharmacist's role here, as in mediating and regulating self-medication, is usually taken for granted, but it should not be."

Pharmacists sometimes had to take the initiative in giving advice, as it was often difficult to get in touch with the prescriber. Occasionally information was given without reference to him to avoid inconvenience to the patient. For similar reasons pharmacists sometimes made assumptions where prescriptions were incomplete or ambiguous. Pharmacists could be discouraged from giving necessary pharmaceutical advice if doctors were unhelpful or resented their intervention.

On drug information, the *Bulletin* points out that information services would be valuable to general medical practitioners but difficulties in communication inevitably limited the development of such services.

"The National Health Service Reorganisation Bill regrettably ignores the need for relating general pharmaceutical services to general medical services and to the hospital service at a local level", stresses the article. Area Health Authorities could be given the power to restrict the issue of NHS dispensing contracts to pharmacies in places where their distribution was already adequate; this would be analogous to the designation of "open" and "closed" areas for general medical practitioners.

In an interview Dr Andrew Herxheimer, editor of the *Bulletin*, explained to *C&D* that the publishers of the *Bulletin*, the Consumers' Association, would shortly be sending suggestions on the subject to the Department of Health.

AHA's could help pharmacists to operate in situations which were at present uneconomic by providing them with a guaranteed minimum income and cheap or free premises.

With "open" and "closed" areas pharmacists would be able to choose the type of pharmacies they wished to run, he explained. The commercial/professional dilemma was the fault of today's administrative structure.

Dr Herxheimer said that the article had been written jointly by pharmacists and doctors with the object of overcoming some differences between the two professions. Doctors often thought of pharmacists as intrusive, and pharmacists thought of some doctors as being "sloppy" and awkward to contact.

As part of their 200th anniversary celebrations Wilkinson Sword Ltd are presenting bi-centenary commemorative swords to a small number of organisations with whom the company has long associations. One such is Boots Co Ltd the chairman of which Mr W. R. Norman is seen here receiving the presentation last week. Mr Norman (left) received the bi-centenary sword from Mr Roy Randolph, President of Wilkinson Sword.

Council concern over policy on health centre pharmacists

The Council of the Pharmaceutical Society has not been convinced by the department of Health's assurance that the Government's intention to repeal Section 21 of the Health Services and Public Health Act 1968 (which prevents local health authorities from employing pharmacists in health centres in greater numbers than they were doing on March 22, 1968) there is no change in Government policy.

Council noted at its December meeting that Section 21 of the National Health Service Act 1946, which contains similar provisions relating to medical and dental practitioners, was also to be repealed. The Practice Committee was strongly of the opinion that any such assurance had no real relevance to future policy.

Council accepted recommendations that the Department should be urged that a clause re-enacting the provisions of Section 21, but applying to area health authorities, should be added to the National Health Service Reorganisation Bill. It was agreed that the British Medical Association and the British Dental Association should be urged to support the Society's view. It was also agreed that the names of the members of the House of Commons committee which would consider the Bill be ascertained.

Conference science contributions

The British Pharmaceutical Conference Science Committee is inviting science session contributions for the 110th meeting in London, September 10-14, 1973. They must deal with original work on subjects of pharmaceutical interest, and be full papers or 200-500-word communications.

For full papers (suggested maximum 4,000 words) closing date is February 1.

Communications (closing date July 2), should contain 200-500 words inclusive of title. They should relate to original, previously unpublished work in those sciences that contribute to the development and evaluation of medicinal substances and associated topics, and should be on a specific topic.

Details of presentation requirements may be obtained from the secretary, Conference Science Committee, 17 Bloomsbury Square, London WC1A 2NN.

As in 1972, the Committee will consider the award of a prize to a graduate in pharmacy who is a citizen of the United Kingdom and under the age of 35 years (as at March 31, 1973), who shows outstanding ability as indicated by his or her published work. An applicant who is successful will receive a prize of £100 and will be invited to present a lecture on his or her work at the Conference.

The merits of the work may be brought to the notice of the Committee either by the applicant, or by persons who wish to recommend the applicant. Applications should be received by the secretary by March 31, 1973.

Child-resistant packs report in New Year

A report on test standards for child-resistant containers and packaging is expected early in the New Year, Mr Michael Alison, Under-secretary for Social Services told the Commons on Tuesday. It will come from the British Standards Institution technical committee which was set up with the co-operation of the Department of Health and the Pharmaceutical Society.

Questioned about "practical considerations" following introduction of the containers he said the views of the medical and pharmaceutical professions were being taken into account, but there had been no informal discussions.

President welcomes extended free contraception

'he present artificial distinction between ıedical and social needs should be abolihed, said Mr J. P. Kerr, president of the 'harmaceutical Society, in welcoming Sir Keith Joseph's announcement on extension f the family planning service on Tuesday. Ie hoped that discussions Sir Keith proosed holding with the medical and pharıaceutical professions would be aimed t making the supply of contraceptives for ocial purposes part of the NHS general ıedical and pharmaceutical services.

In his statement, Sir Keith had said There should be free contraceptive ıpplies for those who have a special ocial need."

And he disclosed the results of a reiew conducted by himself and the Secreıries of State for Wales and Scotland on ıe subject. He would be entering into disıssions with the pharmaceutical and ıedical professions, to see whether satisactory arrangements could be agreed with ıem, on replacing present charges with ppropriate remuneration, for services to HS patients who have no health reasons or avoiding pregnancy.

Those who had a special need and who ould otherwise be unlikely to undertake ffective contraception would have free ıpplies, as would those with a financial eed.

Women who had had a baby or an aborıon within the previous twelve months ould be automatically exempt from ıarges.

"Apart from these," he continued, people with a medical need will pay no ıore than the standard prescription ıarge. Others will pay the full cost of ıpplies." The new arrangements would be ıplemented as soon as possible.

Sir Keith also proposed the expansion f free advice services, which from April 974, would all be the responsibility of ıe NHS authorities. There would be more inics, and domiciliary services would be ırther expanded to enable all those who eeded advice in their home to receive it.

ontrol of animal ıedicines

dverse reactions noted in veterinary edicine is on a much smaller scale than human medicine. But that could be xplained by the big difference in the size the market because for every 36 new roduct applications for veterinary proıcts there were 170 for human medicine.

This was stated by Professor Charles G. Grunsell, professor of veterinary edicine, University of Bristol Veterinary chool, when he addressed the Royal ociety of Health's Pharmaceutical Group uncheon Club on "The need for Control Animal Medicine" last week.

As chairman of the Veterinary Products Committee set up under the medicines Act, Professor Grunsell realised that the veterinary profession bore a heavy responsibility in testing new drugs. The information given must be reliable and fully documented. They were, however, at some disadvantage compared with the medical profession in that respect since they did not have the back-up facilities available in hospital laboratories.

Some of the products for which licences were being sought gave rise to some "head scratching" on the part of the Committee. There will be an opportunity to eradicate such products later, he said.

In a reference to the UK joining the Common Market Professor Grunsell said: "We are not going to be dragooned into accepting the standards of other countries but are determined to establish our own regulations."

DITB designs a 'good training' emblem

An emblem—a symbolic parcel surrounded by laurel leaves—has been devised by the Distributive Industry Training Board to identify firm's with the best training schemes. The emblem is that of the Distributive Training Award, which will be in the form of a certificate granted to firms qualifying on the basis of past training performance, current training plans, and a commitment to future training and its improvement.

It is hoped that the emblem will be displayed on shop premises and business stationery so that it becomes recognised by the customer.

Firms holding the award—as a result of close scrutiny of their training approximately every two years—will be entitled to exemption from the Board's levy and grant scheme. However, it is anticipated that many of the qualifying firms will voluntarily remain in the scheme.

The award will be open to all DITB levy-payers, including those who operate the "under sixty" scheme for small employers.

Two more modifications to VAT scheme

Two modifications to the special further value added tax schemes for retailers were announced in the House of Commons on Monday.

The schemes are designed to help retailers who will be handling goods falling within the scope of various VAT rates and who would otherwise be faced with burdensome accounting work. They allow an averaging-out process which determines the eventual tax payable.

Mr Terence Higgins, Financial Secretary to the Treasury, said in a written reply that the existing Scheme 2 would take in any retailer whose total turnover did not exceed £50,000.

Whereas it was intended that all takings should be marked up and a one-eighth proportion added for the purposes of determining VAT liability, the one-eighth addition will not apply.

Mr Higgins also announced that, in all the special schemes, retailers would now have an option to use a different definition of "gross takings" from the one given in Customs and Excise Notice 707.

The Macleans Snowball promotion launched earlier this year offered 6,400 cash prizes totalling £20,000; plus two new Morris Marinas offered as star prizes in a trade competition together with ten car cassette units. The two cars were won by Mr H. E. Wilson, superintendent of the Sheffield Co-op Chemist Ltd, and Mr J. L. Hammond of A. Stephen Ltd, Liverpool. The picture shows Mr Wilson receiving the keys to his Morris Marina.

Company News

Smith & Nephew sales rise by 12 per cent

Group profit before tax of Smith & Nephew Associated Companies Ltd in the 20 weeks ended October 7 was £5·92m against £5·41m in the same period of 1971. The profit was from sales 12·1 per cent higher at £51·39m.

Group profit, after tax was £3·77m (£3·37m).

The profit arising from Associated Companies includes all profit attributable to the group in those companies in which a substantial holding of up to 50 per cent is held and where the group has a special relationship. The principal companies in which the share of profits is incorporated are British Tissues Ltd, Jeyes Group and 50/50 companies. Profit from Associated Companies reflects an improvement in 1972 in British Tissues Ltd, which was close to break even in the 40 weeks.

Showrax form a joint company

Showrax Ltd, subsidiary of Baxter Fell & Co Ltd, have joined forces with Joseph Mertens, SA of Antwerp to form a new company—Eurolink Merchandising Systems Ltd—specifically to provide a comprehensive service to the operators of major retail projects, as well as cash-and-carry stores.

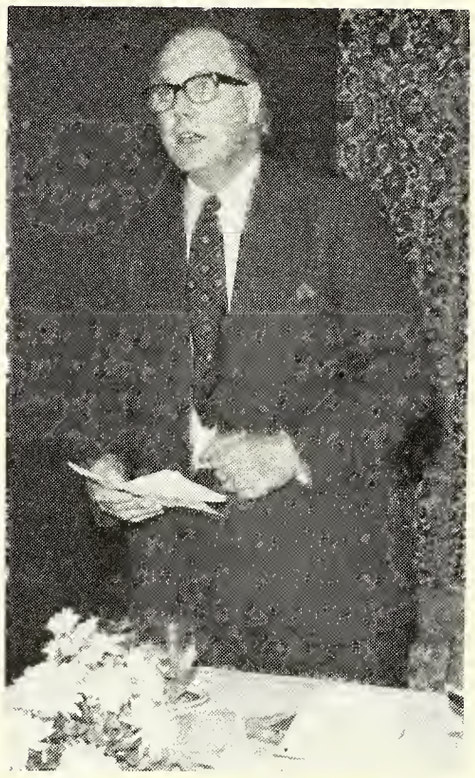
Mertens equipment is said to be in many of the largest stores on the Continent and a full range of their equipment will be available alongside Showrax's own Eureka range, together with agencies for other ancillary equipment.

Showrax have expanded to a turnover expected to exceed £2m this year, of which more than 60 per cent has gone into non-food outlets. Although expansion of its production and office facilities will add 30,000 sq ft by the end of this year, the planned expansion of its sales force from 55 to 75 by early spring will stretch its new capacity and further factory development will be undertaken during 1974.

Eaton Laboratories enter the UK

Eaton Laboratories, the pharmaceutical division of Morton-Norwich Products Inc, USA will, from January 1, 1973, be marketing a range of products through their own British-based company, which will employ a team of representatives. The products, all of which result from the company's own research efforts, have until now been marketed in the UK by Smith, Kline & French Laboratories Ltd who will continue to make and distribute the products.

Eaton Laboratories will maintain their own technical and medical information departments operating from 125 High Holborn, London WC1V 6BR (telephone: 01-242 9501).



Mr Tom Reid, chairman UniChem, addressing a management seminar luncheon when he outlined plans for 1973

Beecham deal in Russia

Agreement to exchange pharmaceutical products with the Soviet pharmaceutical industry has been signed by the Beecham Group in Moscow.

The agreement follows a similar one signed with the Hungarian Pharmaceutical Association (see last week, p. 863).

The latest agreement envisages a two-way exchange of medicines for safety evaluation, and covers pharmaceutical products of all kinds.

Briefly

Johnston & Adams Ltd, Dundee have acquired the pharmacy of Mr Laird Parker, 88 George Street, Oban, Argyll.

Macarthy's Pharmaceuticals Ltd: the offers made on the company's behalf for United Chemists (UCAL) Ltd (*C&D*, November 18, p759) have now been declared unconditional and will remain open for further acceptance.

Appointments

Mr W. A. G. Kneale, MPS has been appointed E.E.C. liaison secretary for the National Pharmaceutical Union in addition to his existing duties as local organisations officer. In recent months he has attended all the meetings of the European Pharmacy Group in Brussels, Amsterdam and London where his linguistic abilities have made him a valuable member of the British team. He has been the author of a number of reports on pharmacy as practised in E.E.C. countries and has spent much time translating official documents. In this he has been aided by his wife, a Swiss who is fluent in several European languages.

As a former pharmacist with Cunard Mr Kneale is no stranger to international travel; his work on British as well as French and Dutch Liners, took him to many countries.

Mr Kneale is secretary of the employers' side of the National Joint Industrial Council for Retail Pharmacy, which represents the NPU, the Company Chemists' Association Ltd, and the Co-operative Employers' Association.

Aerosols International Ltd: Changes in the management structure were announced on December 5 with two new appointments to the board and a rationalisation. John Hyland, formerly production director at the company's Bracknell factory and J. C. (Ian) Bowes, his colleague at the Wellington plant, both become full board members.

Mr Bowes transfers to Bracknell and becomes production director for both plants. Mr Hyland takes up the new position of engineering services director. Len Stevens has been appointed works manager, Wellington, from production manager at that site.

The reorganisation follows changes which took place in November within the sales division. At that time, George Hodgson was appointed to the new position of sales manager—UK.

M. W. Hardy & Co Ltd have appointed Mr J. P. Allan, to the board. Mr Allan has been for many years managing director of Tennant Trading Ltd.

Roure Bertrand Dupont Ltd have appointed Mr Robert W. Harris their account manager. Mr Harris entered the fragrance flavour industry when he joined Coty in 1958. After ten years he transferred to Haarman & Reimer Ltd.

Albright & Wilson Ltd: Mr G. F. Ashford has been appointed to the board as a non-executive director.

Gala Cosmetic Group Ltd: Mr J. M. Taylor has been appointed a director. He continues as assistant managing director.

Pan Britannica Industries Ltd have appointed Mr Patrick Murphy their garden products marketing manager.

People

Ir A. L. Parker, MPS, proprietor of a harmacy in Oban for 35 years and a ousehold name in photographic circles, as retired. With his wife, who is a fellow the Society, he opened two chemist usinesses in Port Glasgow during the de-ression. They moved to Oban in 1937 nd fitted out what was then the most odern shop in the town. Mr Parker's ther and grandfather were both keen nateur photographers, producing a olour photograph as early as 1906.

Ir Thomas M. Rankin, MPS, director and eneral manager of T. J. Smith & Nephew td, Hull will relinquish that position at e end of the year. At the same time he linquishes his directorships of the Elasto-ast division, and Smith & Nephew Tapes td.

Mr Rankin retires on June 30, 1973 and r the six months preceding that date s agreed to carry out a number of pro-cts for the parent board, Smith & Nep-ew Associated Companies Ltd.

r I. L. Poore, a director of S. Figgis & Ltd, Mincing Lane, London and a ecialist in the essential oil market, re-ed on Friday after fifty-two years' ser-ce with the company.

r James McMillan, MPSNI, Portrush, Antrim has been elected president of e Ulster Chemists' Association for 1973. r McMillan was educated at Coleraine cademical Institution and Belfast Tech-cal College. He served his apprentice-ip with Mr S. G. Morrison, in Bush-ills, co Antrim and qualified in 1940. e opened his own business at Main reet, Portrush in 1948 since when he has come a well known and popular figure ing a past president of the local cham-r of commerce. Mr McMillan is deeply terested in theatricals and is an active ember of the Portrush Players, for whom has acted as secretary, chairman and ge manager. His other main interest is rowing, and in his youth he rowed for ann Rowing Club, Coleraine.

Professor Adrian M. Cook, professor of pharmaceutics and dean of the school of health and life sciences in the University of Wales, Cardiff, is to take over the chairmanship of the council of the Royal Society of Health on January 1, 1973 and will be the first pharmacist ever to hold that position.

For some seven years he was chairman of that Society's pharmaceutical subjects group, and he has presided over the group's luncheon club from its inception.

Since taking up the appointment in Wales, he has focused his attention on research and postgraduate studies in the more vocationally orientated field of community pharmacy.

Deaths

Wellwood: Recently, Miss Elizabeth Wellwood, MPSNI, 28 North Parade, Belfast. Miss Wellwood qualified in 1927 and carried on business for many years at 87 Ormeau Road, Belfast, from which she retired in 1953. She was a member of the Ulster Chemists Association Executive Committee from 1943 to 1947. She is survived by her pharmacist-brothers, Joseph and John, who were at Grosvenor Road and York Street, Belfast, respectively.

Topical reflections

BY XRAYSER

Aggression

THE description "aggression" or "aggressive" used to apply to acts of hostility or belligerence, but in modern business jargon aggressiveness appears to be the hall-mark of the energetic, thrusting and successful man of commerce. I note that the expression is used by Beecham in its hypermarket report in reference to "fast-moving grocery sales and aggressive pricing policies", and I wonder how anything so inanimate as a hypermarket or supermarket can be aggressive.

I have read Beecham's report and your editorial comment on it, and I gather that it has been the manufacturer's purpose to storm the heights of the hypermarket and to achieve large sales of medicines in that arena so that the supermarkets may take heart and join in the sale of goods which "show profits in the region of 30 per cent". Such encouragement may possibly, in the now accepted sense, be regarded as aggressive salesmanship, and a policy for success.

But, as you imply in your leader, the commodities offered for picking up are not baked beans or instantaneous coffee—they are medicines which those who watch television have come to know as intimately as the baked beans, for no effort is spared to drive the message home. Beecham's say that "many supermarket operators believe even now that proprietary medicine products, being price-maintained, are incapable of profitable volume sales in a self-service environment", but go on to say that an analysis of Beecham toiletry and medicine sales through Carrefour (the hypermarket) provides interesting evidence to refute that belief. It seems difficult to reconcile that outlook with the firm's "ethicals" side.

Distribution

It is true that the Medicines Act regards pharmacy as the prime distribution point for medicines, with the proviso that there will be a general sales list agreed upon following representations from the professions and from commerce. Meantime, the manufacturers of proprietary medicines are using the intervening time to extend their influence physically and geographically, thus enlisting still more powerful support for their policy of the widest possible distribution.

The influence they are able to exert is much more potent than that of any professional organisation, and pharmacy cannot be optimistic. I would like to think that the consumer-protection intention of the court's decision on rpm would be the overriding consideration, but it seems that, to the industry as a whole, the most important thing is to extend the field. We may be forgiven if we take the decision to defend rpm with the proverbial pinch of salt, when that protected margin is offered to the supermarkets as an incentive.

Trade News

New distributor

From January 1 Camberwick Green and Trumpton soaps will be marketed and sold by Wright Layman & Umney Ltd, Sanitas House, Stockwell Green, London SW9 9JJ. They will be added to the range of toiletries already being marketed under the Camberwick Green name. Previous distributor was Jean Sorelle Ltd.

What is VAT?

The College of Taxation has produced a 90-minute cassette which deals with value added tax in a straightforward manner and should be useful for the small businessman who cannot attend lectures on the subject. There are notes (p22) which can be purchased separately from the College, 21 Oakbury Road, London SW6 2NN at £1·05. The cassette with notes is £5.

Whole range repacked

Cuxson, Gerrard & Co Ltd, Fountain Lane, Oldbury, Warley, Worcs, announce that their complete range of Perfection in Protection Sylvia traditional sanitary towels are now being supplied in the new design pack of ten towels. The paper bag with the familiar swan motif has been replaced by a plastic bag with a drawstring neck bearing a modern floral pattern in bright colours. The company provide generous quantity reductions.

Bell & Howell distributor

From the start of 1973, Bell & Howell A-V Ltd's exclusive distributor of amateur movie cameras and projectors to photographic retailers will be Southall Bros & Barclay. The agreement covers the whole of the UK but does not extend to audio-visual equipment. This will continue to be supplied directly to audio-visual dealers by Bell & Howell. Commenting on the arrangement, Mr Frank J. Hatton, general manager, Southall Bros & Barclay said: "What we like about the new models that will be coming from the Bell & Howell factories during 1973 is that each has a logical place in the shop window. There are products for the beginner and products for the connoisseur. And there are some exciting innovations, including one new line which promises to give amateur movie making the biggest single boost it has ever had."

Philips labelling

All Philips products manufactured outside the UK will be supplied bearing an indication by label or other marking of their country of origin by the end of this year.

Most Philips products currently held in trade stocks are in fact marked with their country of origin but it may be that some marks are not displayed conspicuously enough. Philips are therefore to issue swing tags and adhesive labels to all dealers who require them in order that they may comply with the Country of Origin marking requirements of the Trade Descriptions Act 1972 which comes into force on December 29, 1972.

Philips are mailing all their dealers with a questionnaire and attached pre-paid form. They are asking their dealers to check their stock against a new edition of Philips price lists which show the country of origin of each product.

Rentokil revision

Rentokil Ltd, Felcourt, East Grinstead, Sussex, are withdrawing their new 1973 metric price list which was issued in October following the "price freeze". A new metric price list will be issued as soon as possible, said a spokesman. In view of the freeze, however, Rentokil are reserving the right to continue to issue Imperial measure packs at the current Imperial measure prices until the changeover to metric is complete.

Redesigned carton

Nestle Lite, the hair lightener from Nestle-LeMur Co and distributed by Fassett & Johnson Ltd, 19 Radford Crescent, Billericay, Essex, has been repackaged in a new look carton which, the makers hope, will have greater shelf appeal.

Olive range prices

Henry Weinberger Ltd, Brittannia House, Drayton Park, London N5, point out that prices for their Olive range of sunglasses and chemists' sundries are no longer as shown in the December Quarterly Price list. Revised prices will be included in the Supplement as soon as possible.

Christmas holiday closings

Bayer Pharmaceuticals Ltd, Haywards Heath, Sussex. Closed from 12 noon December 22 until 9 am December 27. Also closed on January 1. Urgent supplies from John Bell & Croyden.

Beecham Ethical Distributors, Brentford, Middx. Closed from 12 noon December 22 until 9 am December 27. Urgent supplies from John Bell & Croyden, 50 Wigmore Street, London W1. (01-935 5555).

ICI Ltd, pharmaceutical division: all distribution depots closed from December 22 until December 27.

May & Baker Ltd, Dagenham, Essex. Sales office closed from 12 noon December 22 until 9 am December 27.

Merck Sharp & Dohme Ltd, Hertford Road, Hoddesdon, Herts. Closed from 12.30 pm December 22 until 9 am December 27. Premises also closed on January 1. Urgent supplies from John Bell & Croydon.

Norgine Ltd, 26 Bedford Row, London WC1R 4HJ. Order office and factory closed from 12 noon December 22 to 8 am December 27. Administration closed from 5.30 pm December 22 until 9.30 am December 28.

Pharmaceutical Specialities (May & Baker) Ltd, Dagenham, Essex. Closed from December 22 until 9 am December 27. Urgent supplies from John Bell & Croyden.

Scottish distribution depot, Pharmaceutical Specialities (May & Baker) Ltd, Cumbernauld. Closed on December 25 and from 5.30 pm December 29 until 9 am January 3.

Radiol Chemicals Ltd, Witham, Essex. Closed from 12 pm December 22 to 9 am December 27.

William Ransom & Son Ltd, Hitchin, Herts: Closed from 5 pm December 22 until 1 pm December 28. Also closed January 1, 1973.

Upjohn Ltd, Fleming Way, Crawley, Sussex. Closed from 12.30 pm December 22 until 9 am December 27. Premises also closed on January 1. Urgent supplies from John Bell & Croydon.

Wellcome Foundation Ltd, 183 Euston Road, London, NW1. Closed from December 22 until December 27. Emergency supplies from John Bell & Croyden.

Bonus offers

NPU Marketing Ltd, 321 Chase Road, London N14, and Radiol Chemicals Ltd, Stepfield, Witham, Essex. Refrane capsules. Introductory offer 12 charged as 10 (£5·93).

on TV next week

Ln = London; M = Midland; Lc = Lancashire; Y = Yorkshire; Sc = Scotland; WW = Wales and West; So = South; NE = North-east; A = Anglia; U = Ulster; We = Westward; B = Border; G = Grampian; E = Eireann, CI = Channel Islands.

Alberto Balsam: Ln, M, Sc, WW, So, We
Alka-Seltzer: All areas
Alpine Spring: So
Beecham powders: All except E
Brylcreem: All areas
Buttercup Syrup: M, Lc, Y
Close Up: All except E
Faberge: All except WW, E, CI
Harmony hairspray: All except E
Harmony Protein Plus shampoo: All except E
Hedex Seltzer: Ln, Y, Sc, WW, NE, A, We, B, CI
Macleans toothpaste: All areas
Philips-Philishave All except E, CI
Remington electric shaver: All except U, E
Sandrine: All except E, CI
Three Wishes: All except E
Venos cough mixture: All except E
Vicks Sinex: All except U

Week commencing December 31

Alberto Balsam: Ln, M, Sc, WW, So, We
Alka-Seltzer: All areas
Askit powders: Sc, Gr
Beecham powders: All except E
Brylcreem: All areas
Buttercup Syrup: M, Lc, Y, B
Close Up: All except E
Harmony hairspray: All except E
Hedex Seltzer: Sc, WW
Macleans toothpaste: All areas
Setlers: Ln, M, Lc, Sc, WW, So, NE, A, U
Venos cough mixture: All except E
Vicks Sinex: All except U

CHEMICALLY DIFFERENT CLINICALLY SUPERIOR

Hibitane

(Chlorhexidine) is completely unrelated to Hexachlorophane.

Imperial Chemical Industries Limited
Pharmaceuticals Division, Alderley Park,
Macclesfield, Cheshire.

Further information on 'Hibitane' available on request.

'Hibitane' is a Trade Mark.

PH 806

New products and packs

Over the counter medicinals

Smoking control capsules

Refrane, a smoking control product manufactured by Kingstead Pharmaceuticals Pty, Australia, is now available nationally through chemists only. The product is produced in buffered capsule form, each capsule containing lobeline hydrochloride 2·5 mg.

Recommended dosage is one capsule three times a day for the first three days; one capsule twice daily for the next seven days and then one capsule a day for the final seven days.

Test marketing has been carried out in the Southern Counties and a merchandising campaign, including give-away instruction leaflets is to be mounted in the New Year.

Available in packs of 30 capsules (£0·89) (Distribution from January 1, 1973, by NPU Marketing Ltd, 321 Chase Road, London N14, and Radiol Chemicals Ltd, Stepfield, Witham, Essex).

Cosmetics and toiletries

Bubbly bath additive

Foaming Bath Essence has been added to the New Dew range of bath products from Crookes Anestan, and is aimed at those who like bubbles in their bath. The green-tinged foam bath contains moisturising cream to soften the water as it nourishes the skin plus a pine fragrance. It is available in a one-bath sachet (£0·6) and a 165cc bottle (£0·55) enough, say the makers, for 16 baths (Crookes Anestan Ltd, Telford Road, Basingstoke).

Now Equatone moisturiser

Coty have introduced Duobase Moisturiser (£3·75) to their Equatone range. It is suitable for dry, extra dry and sensitive skins and will, the makers claim, protect the skin and help prevent the constant moisture evaporation that dries out and ages tissues. The new moisturiser, which is free from the chemicals usually used to emulsify oils and humectants, forms two distinct layers which only blend when the bottle is shaken. The salmon coloured top layer is composed of rich oils and the pink bottom layer is a concentration of moisturisers (Coty Ltd, Coty House, 3 Stratford Place, London W1N 9AE).

Russian inspired fragrance

Nitchevo is the name of a new fragrance inspired, say the makers, by Russian life and created in Paris by Princesse Isabel de Broglie. A rich, "romantic" perfume, Nitchevo is spiced with coriander and sage plus roses, jasmin, honeysuckle and orange blossom. The Nitchevo range consists of extrait 7cc (£4·00) and 14cc (£6·25); parfum de toilette 50cc (£3·00) and 100cc (£4·50) plus 100cc atomiser (£4·75) and 9cc atomiser (£2·00); Eau Parfumee 50cc £2·10) and 100cc (£3·40) plus a 90cc aerosol (£4·00) and 100g soap (£1·10). Distributors for Nitchevo are Juvena of Switzerland (Juvena Great Britain Ltd, 19 Grosvenor Street, London W1X 9FD).

Christmas at Cyclax

The Christmas gifts collection from Cyclax consists of more than 20 items and has been wrapped in purple and silver to contrast with the two-tone blues of their new fragrance range, Joie de Vivre. Ribbons and bows have been added to each gift in the range which includes a large purple Apothecary jar filled with bath crystals (£2·90), velvet-covered dusting-powder drum (£3·25), a jewel box containing talc, moisturiser, gel, spray parfum and hand soap (£6·25), makeup purse and spray parfum (£3·05) and a box of six bath cubes (£0·75) (Cyclax Ltd, 65 South Molton Street, London W1Y 2BS).

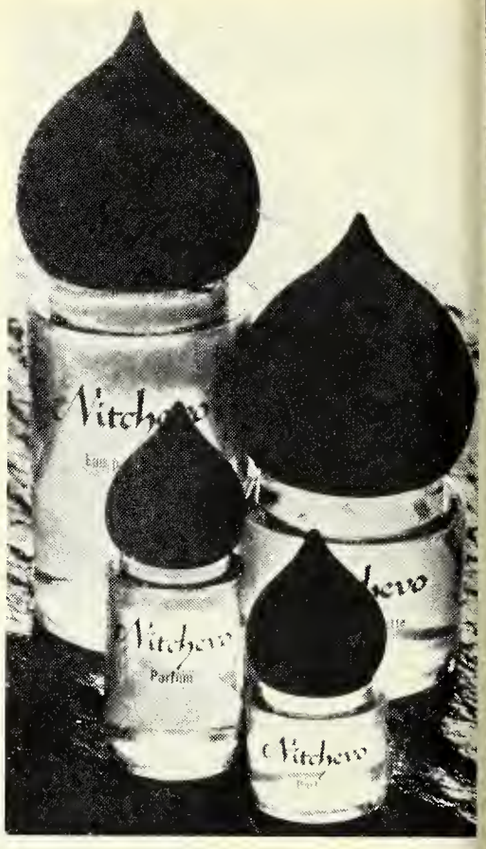
Water Cream duo

Outdoor Girl have added to their range of eye products with the introduction of Water Creams (£0·25), an eye shadow duo in a small compact complete with applicator. When water is applied with the applicator, the shadow works up into a cream but, say the makers, will dry like a powder shadow to last without creasing or fading during the day. Six shadeways, all slightly pearlised, make up the Water Creams range: Paradise, Cloudburst, Sunshine, Seascape, Pastoral and Springtime (Outdoor Girl Ltd, Surbiton, Surrey).

Sundries

Larger air freshener

Airwick aerosol air fresheners are now available as a 10oz size (£0·18½) in a choice of three fragrancies, Alpine, Lilac Time and Springtime (Jeyes UK Ltd, Brunel Way, Thetford, Norfolk).



Prescription specialities

NYSTAVESCENT pessaries

Manufacturer E. R. Squibb & Sons Ltd, Moreton, Wirral, Cheshire.
Description Pale yellow, diamond-shaped pessaries each containing nystatin 100,000 units in an effervescent matrix.
Indications Local treatment of vulvovaginal candidosis.
Method of use One or two pessaries should be inserted high into the vagina for 14 consecutive nights, regardless of any intervening menstrual period.
Side effects Occasionally some transient irritation and burning may be experienced. On rare occasions a sensitivity reaction to the base may occur indicating cessation.
Storage Cool, dry place. Shelf life 1½ years.
Packs Of 15 pessaries with applicator (£0·48 trade) and 100 pessaries with six applicators (£3·04).
Supply restrictions TSA.
Issued December 1972.

INFLUVAC-MONO vaccine

Manufacturer Duphar Laboratories Ltd, Gaters Hill, West End, Southampton
Description Monovalent inactivated influenza virus vaccine containing in 1ml 360 in of A/England/42/72
Indications Influenza prophylaxis
Contraindications Hypersensitivity to egg, chicken protein or feathers
Dosage By subcutaneous injection, adults and children over 10 years of age, 1ml. Children up to 10, 0·5ml followed by a second injection of 0·5ml not less than four weeks later.
Pack Vial of 10ml (£5 trade)
Issued November 1972

Promotions

Coty Winter offers

From early January 1973 Coty are offering a 200g size of L'Aimant talc for £0·55; a 3oz eau de Cologne presented in a counter merchandiser for £0·75; a Styx flacon mist twice the size of the normal one for £0·95 and Air Spun Avocado Creme Moisturiser for £0·75 (Coty Ltd, Coty House, 3 Stratford Place, London W1N 9AE).

Fingernail selector aid

Eylure have launched a Simple Nail Style and Selection Unit which enables women to select the most suitable style of Eylure false nails before purchase. These nail selectors form part of the display for the Eylure range (Eylure Ltd, Grange Industrial Estate, Cwmbran, Monmouthshire NP4 2XR).

New Year offers

From January 1, and for a limited period only, Shulton are offering a free Oriental Spice man talc traveller pack with each purchase of after shave and shower, 70cc size. Shulton are also offering Desert Flower hand and body lotion in a special offer size of 455cc for 65p. And the 100g size of Desert Flower talc will be available at the special offer price of 32p, again for a limited period only (Shulton (GB) Ltd, 100 Brompton Road, London SW3).

Special Almay sizes

From January 1973 Almay Cosmetics are offering large sizes of selected items in their range at no extra cost. These packs are: 8oz Skin tonic £0·65), 8oz gentle skin toner (£0·75), 8oz cream cleanser (£0·85) and 4oz extra creamy cleanser (£0·80). And for those who like to buy smaller sizes for travelling or simply to try out, Almay are introducing three combination packs for the three skin types: Standard skin tonic with 1oz jars of cream cleanser and moisture cream (£0·90); standard gentle skin toner with 1oz jars of extra creamy cleanser and extra moisture guard (£1·00); and standard astringent lotion with standard tube of Fluffy facial cleanser (£0·80). They will be available for a limited period only (Almay Cosmetics Ltd, 9a New Bond Street, London W1).

Mr Brian Stroh, left, of B. I. Stroh Ltd, London, N.19 is seen receiving a cheque for £50 from Miss Optrex. He is one of five winners in the recent Optrex competition.

YARDLEY PRIZE WINNERS

The 25 winners in our recent "How much do you know about perfume?" competition (featured in Beauty Business, October 28) came from all parts of the United Kingdom, only two being from the London area. And in four instances the winner was the pharmacist himself—proving that beauty is something a pharmacist can be interested in! Entrants were asked to answer six questions, plus a tie-line, and had the chance of winning 25 cut-glass decanters offered by Yardley, filled with their well known Old Lavender perfume (a picture of one of the decanters can be seen on uage 883). The response to this competition exceeded expectations and, because of this, Yardley decided to offer larger decanters. The list of winners is given below. They have all been notified by post and will be receiving their prizes shortly.

. Wade
V. A. Shephard Ltd
Greyhound Road
London, W.6.

Mrs Aitchinson
ohnston & Adams Ltd
46 Lochee Road
Dundee

Mrs P. Grimes
V. Jamieson (Chemists) Ltd
92-294 Handsworth Road
heffield 13

nne Murphy
Brady's Chemist
The Diamond
Donegal Town
Co Donegal

. J. Steele
ars & Co
Poole Hill
Bournemouth

Hunt
Bushby (Wheathampstead) Ltd
High Street
Wheathampstead
Hertfordshire

Miss S. Miller
L. Booth MPS
341A Beverley Road
Hull

J. R. Hicks MPS,
57 Stapleton Road
Bristol 5

I. Burrage
P. Burrage MPS
54A Bulwer Road
New Barnet

John B. Harrison
John B. Harrison (Chemists) Ltd
52 Claypit Lane
Rawmarsh
Rotherham

Mrs P. Berman
Berman (Chemists) Ltd
Wigston
Lancs

Wm. E. Thom Esq
The Kimmage Pharmacy
151 Lr. Kimmage Road
Dublin 6

Mrs A. Gray
T. R. Milburn Ltd
231 Jesmond Road
Newcastle on Tyne

Miss W. Cooper
C. Brower MPS
The Valley Pharmacy
96 Valley Road
Portslade
Brighton

M. M. Walker
D. Gilmore & Son
5 Chalmers Street
Dunfermline

G. M. Pickering
W. Pickering
202 Bradford Road
Castle Bromwich
Birmingham 36

M. Evans
DH Tune
348 Oldham Road
Ashton under Lyne
Lancs

Miss S. Ryder
T. S. Groundwater Ltd
64 Gowthorpe
Selby

Miss B. Nicholas
Roy Hunt MPS
The Pharmacy
Church Village
Pontypridd
Glamorgan

J. A. Woodland
H. C. Robinson MPS
139 Bath Road
Cheltenham

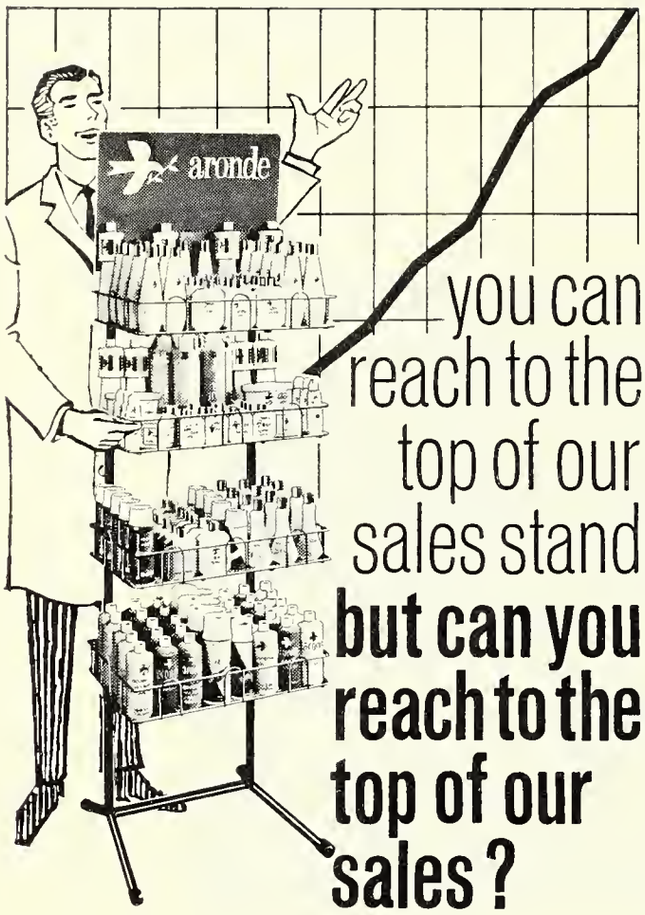
W. A. Thomas MPS
"Woodlands"
57 Camden Road
Brecon
S. Wales

Olive Flemmich
Bolton Royal Infirmary
Chorley New Road
Bolton

Mrs T. Rowley
Duffryn Pharmacy Ltd
Cardiff Road
Rhydyfelin
Pontypridd
Glamorgan

Mrs P. Sexton
J. Alan Jones
2 Dean Parade
Camberley
Surrey

Christine Loveridge
Westons Chemists
287 Church Road
Sheldon
Birmingham 26



Our **sales** stand means just that. Sales.

If you haven't already got one – *now* is the time to ask 'Why not'. And the time to ask yourself if you're stocking enough Aronde cosmetics and toiletries to meet the demand! There's a wide wonderful range that will push your sales (and profits!) sky high. A range that's used by the top salons and top models. They can't be wrong. But they still watch 'value for money' . . . they know that although Aronde is *not* expensive, it's as good as many of its *expensive* counterparts. That means more customers! That means more sales. Which is what we said at the beginning!

aronde If you want to know more about Aronde and *your* success story — just post this coupon for one Aronde representative and one *free* Aronde sales stand!

Please send my local Aronde representative without obligation.
To Aronde Laboratories Ltd., Sherbourne Avenue, Ryde, Isle of Wight. Tel: Ryde 3761

Name .....

Address .....

..... CD/16/12/Y

Scotland's leading analgesic now with Hot Lemon

HOT LEMON

askit for colds

askit for chills

askit for flu

NOW ON T.V.

8p

3 powder pack

Askit fights the miseries of colds and flu

Order from your wholesaler now.

Comment

Consumer interest

A warm welcome should be given to the interest in the pharmaceutical service shown by the Consumers' Association in its fortnightly publication for doctors, *Drug and Therapeutics Bulletin* (p 886). In particular, it will be noted that the Association is to put some suggestions to the Department of Health concerning the provision of an adequate service in "commercially unrewarding locations".

Whether the *Bulletin's* article was inspired by hospital pharmacists or doctors matters little—nor does the fact that those same groups will be the majority readers. What does matter is that the consumer's interest—the patient's—will be taken into account and an influential consumer organisation is being encouraged to see what the pharmaceutical service *could be,* rather than answer the question: "Are you satisfied with it as it is?"

This is the reverse situation to that studied by Sir Hugh Linstead's committee of inquiry, which reported (after interviewing only one "consumer" spokesman, Dame Elizabeth Ackroyd): "Certainly there are no obvious signs of public misgivings with the arrangements at present in force for the dispensing each year of about 270 million National Health Service prescriptions or for the supply of other pharmaceutical needs."

If consumers do not know the actual role—let alone the potential role—of the pharmacist in the medical team, they can hardly be expected to be dissatisfied with the overall service they receive.

But the *Bulletin* sets the record straight, for the professions as well as the consumer of their services, when it says: "As long as doctors and pharmacists misunderstand or fail to fulfil their respective responsibilities, some patients will receive inadequate or conflicting instructions and a few may be exposed to serious risk."

The article itself, not unsurprisingly, tends to consider pharmaceutical involvement with patients from the doctor and hospital point of view. It perhaps dismisses the role of the Pharmaceutical Society too quickly in favour of giving the power to regulate the service to the new area health authorities. And there are hints that a salaried service, with pharmacists in the employ of health centre authorities and dispensing doctors, would be acceptable.

Consumers' Association must be made aware that there are views within the profession other than those held by some hospital pharmacists. And, especially must it be told of the existence of the Pharmaceutical Society's comprehensive proposals for a planned service in both health centre and low-density-population areas.

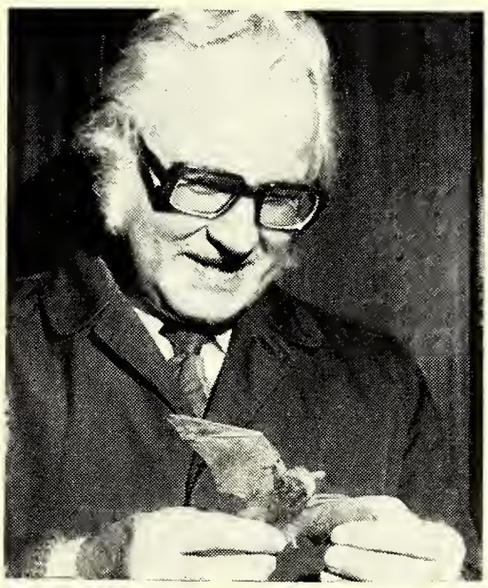
Now that the Association has taken an interest, the patient and the profession can benefit greatly from such an interchange of ideas. The Association's influence will then be brought to bear on the Government in full possession of the facts.

We hope the Association will follow its usual practice of being "open" about the proposals it submits to the Department. The pharmaceutical profession, doctors and the public should all be involved in any debate that follows.

For too long pharmacy's claims to fulfil its true function in the health team have been thwarted by closed-door "negotiations" with the government and professions having vested interests. It is time we had the public on our side.

Post Scripts

The voice of "womens lib", it seems, has now invaded the sanctuary of the annual general meeting of no less an august company than Glaxo Holdings Ltd. The all-male board on Monday heard from the floor a woman shareholder declare that she did not belong to "womens lib" but thought there ought to be a woman on the board. Did they object to a woman colleague? After all women had played an important part in the successful outcome of fighting off an unwanted take-over bid, she claimed. A somewhat surprised chairman, Sir Alan Wilson, explained that they would be delighted to have a female representative on the board if a "suitable" one was available. Whether the board, or the "lib" movement will now look for the "suitable" one was not clear. At any rate it will not be Sir Alan's problem, he retires from the chair in a little over three month's time and he made it clear that he would not be staying on the board thereafter.



Mr W. Wloch examining a noctule bat

The stock-in-trade of witchcraft: a snake, bats, spiders and beetles are being sent by the Yorkshire Museum, York, to the Museum of Pharmacy, Cracow, Poland, by hand of Mr Wledek Wloch, of York University. He is attending a meeting at the Polish Academy in Cracow, where a paper will be given on the history of gifts of museum specimens from museums in Britain. The Yorkshire Museum is marking the occasion by sending this selection to increase the Polish collections in the town where Doctor Faustus was once a student. It is understood that Mr Wloch is going to Cracow safely by train rather than risk a hazardous flight by broomstick.

The use of pseudo-scientific names to persuade the purchaser that he is buying extra vitamins is much to be deprecated, the Kent chief inspector of weights and measures says in his annual report. The example is quoted of a protein food which was said to contain "D-Glucopyranoside-D-Fructofuranoside" — "common sugar" for the benefit of those whose pharmaceutical chemistry is a little rusty!

Books received

Amercan Drug Index 1972.
C. O. Wilson and T. E. Jones. *J. B. Lippincott Co.* Distributed in Great Britain by Blackwell Scientific Publications, Osney Mead, Oxford OX2 0EL. 8½ x 5½ in. Pp 699. £4·75.

Letters

Urgent dispensing

My Committee recently received a request, originating from Inner London Executive Council, for details of chemists in the North-east London area willing to dispense urgent prescriptions outside normal business hours. Inner London proposed grouping such chemists into small geographical lists and advertising them by display in pharmacies as well as by sending copies to police stations, hospitals, doctors and the offices of GP relief organisations.

North-east London Local Pharmaceutical Committee are completely opposed to co-operation in any such scheme, on their borders or elsewhere, for two main reasons.

Firstly, my Committee is not enthusiastic about unduly extending the provision of out-of-hours dispensing services whilst remuneration remains at less than 20 per cent of that which would be required to obtain the urgent services of a plumber.

Secondly, my Committee feels that on no account should such a list be placed in the hands of hospitals or doctors. In order to preserve the special nature of the service and to discourage frivolous use, quite apart from considerations of safety and security, my Committee would not countenance the distribution of such a list other than to police stations, from whence all calls would be required to emanate.

At such time as the Department sees fit to provide remuneration commensurate with the disturbance and inconvenience involved, my Committee will be pleased to reconsider their attitude and meet the inevitably increased demand which would follow. We venture to suggest, however, that the Minister will show rather less enthusiasm for expansion of out-of-hours service when he is paying for it than he currently shows whilst he is not.

R. G. Worby,
Secretary,
North-east London Pharmaceutical Committee.

Script records

Mr Dalglish's card index system for prescriptions (December 2, p848) represents an admirable, but time-consuming method. At Penicuik, over the years, I have recorded specially selected prescriptions on 5 × 3 inch cards, including all insulin scripts (these prove useful in diabetic emergencies and if the strength of insulin is not shown). At other times the staff have written up the essential details of prescriptions in book form. Both these methods are time-consuming, when one thinks in terms of 100 minutes for 100 scripts over the day.

For the past two years I have been tape-recording prescriptions. Initial expense is high, but subsequent expenses are almost nil. One advantage is the short time taken to record scripts (at least five times faster than looking out and writing up cards). Disadvantages include the time taken to retrieve a note of the medication dispensed on a particular day for a patient.

At Penicuik the larger of the local surgeries now supplies each patient with a "record card" of medicines prescribed, including strength, date and dose. These assist the doctor in writing repeat prescriptions. Correctly used they also give the patient a card detailing their drugs and so saving the pharmaceutical staff here perhaps 1,500 minutes of writing time per month.

W. S. Tait
Penicuik, Midlothian

The inhabitants of Aberfeldy are fortunate in being the subjects of what Mr Dalglish so frankly describes as an experiment in medication records. A closer look at the test conditions however shows the conditions are so atypical as to vitiate any attempt to draw general conclusions from the experiment. Apparently 3,500 people support two pharmacies. Elsewhere this number would barely support one pharmacy. Also they support three doctors. In England one doctor is considered capable of caring for this number. Such a situation would be expected to result in the doctors busily supplementing their remuneration by doing the dispensing.

And Mr Dalglish has persuaded his trainee dispenser (his wife) to put in an hour's unpaid overtime daily in working his recording system for him. Sadly, the morbidity of the district seems to be high. Assuming Mr Dalglish's activities have not persuaded his competitor to abandon dispensing, each person has an average of ten items yearly.

One (at least) may therefore suspect the validity of Mr Dalglish's conclusion that the pharmacist has "an undoubted professional responsibility" to keep a slave copy of the doctor's master recording system. It would be most interesting to see Mr Dalglish justify his system on economic grounds.

E. Cerrino
Gamlingay, Beds

Premises security

Inspector Shaw of the Bradford City Police has expressed concern regarding the security of drugs in pharmacies; and in particular the supervision of unqualified staff (last week, p 872.)

The time has surely come for the Pharmaceutical Society to take a lead and make it illegal for a pharmacy to remain open during lunch hours, without the direct supervision of a pharmacist.

In a letter I have received from Mr L. D. Hay of the Home Office, he states: "With regard to the proposition implicit in your statement that pharmacies should be closed wherever the pharmacist is absent from the premises, I accept that if all pharmacists observed this practice—and it is advocated by the Pharmaceutical Society—the question of unsupervised sales of poisons would not arise. Nevertheless we have no evidence that the present system contributes sigificantly to the illicit circulation of drugs."

This view is contrary to the views of Inspector Shaw, when he states that numbers of young persons obtained jobs in pharmacies especially to obtain drugs.

As the wife and partner in my husband's pharmacy, and a member of the Association for the Prevention of Drug Addiction, I feel it is imperative that any loopholes in our drug security system should be immediately stopped, and if necessary more rigid controls introduced in the practice of pharmacy.

Donah M. Shepherd
Pocklington, York

Flykiller market

We note with amazement the claim that the Bayer "Mafu" strip "has gained 35 per cent of the slow-release flykiller market" (November 18, p762).

There are a number of independent audits available on the flykiller market which indicate a very different state of affairs. These show that on a value basis just over half the total flykiller market is held by aerosols and other insecticides, and that slow-release products hold the balance. Of these Shellstar's Vapona is way ahead as brand leader.

Of the slow-release market, the Mafu strip is shown to hold 5 per cent of that part of the market supplied through grocery outlets, 5 per cent of the trade through chemists and 11 per cent of sales through hardware outlets.

A. H. Newton,
Manager, Consumer Products,
Shellstar Ltd.

Irish News

Successful ball

The annual Pharmaceutical Benevolent Fund Ball in Dublin's Shelbourne hotel on December 5 was a real test of loyalty to a cause which has been helping pharmacists and their dependants in distress over the years. Held only four nights after a bomb had killed two people in Dublin, injured over 100 and blasted one pharmacy, that of Mr J. P. Burke, the organisers could have been forgiven if they decided to cancel the function in view of the general apprehension sweeping the city in the wake of the bomb. But the organisers were determined not to break with tradition and in the event their courage and faith were amply rewarded as the "faithful" turned up in strength and there were few cancellations. From the social point of view the function could not have been more successful and with numerous spot prizes and an attractive raffle for mammoth prizes, including a well-filled Christmas hamper. As usual the newly conferred Licentiates made the function a "coming out" occasion.

The guests included the president of the Pharmaceutical Society of Northern Ireland and Mrs O'Rourke; the secretary of the Irish Medical Association Dr Noel Reilly and his daughter, Ann; the secretary of the Medical Union and Mrs McLoughlin; the president of the Association of Opthalmic Opticians, Mr Kevin Culliton, and Mr Tom O'Dwyer representing the Pharmaceutical Chemical and Allied Association. The guests were received by the president and Mrs Semple.

Further Larodopa price reduction

As from the 8th December, 1972 the trade price of Larodopa 500 mg. tablets will be £5.90 for packings of 200.

ROCHE

Further information is available on request from Roche Products Limited, Welwyn Garden City, Hertfordshire. Larodopa is the trade mark for Roche preparations containing (-)-3-(3,4-Dihydroxyphenyl)-L-alanine (levodopa) J47054

Professional News

Pharmaceutical Society of Great Britain

No 'doubling' of regional and area posts, says the Department of Health

It is unlikely that in the foreseeable future there will be a job for both the regional pharmaceutical officer (appointed under NHS reorganisation) and the Noel Hall regional pharmacist, the Department of Health has told the Pharmaceutical Society. Nor will there be area counterparts.

But beyond this, the Department reserves its position, the Society's Council was told at last week's meeting.

The Department had been asked by the Society whether its view was that the regional and area hospital pharmacists appointed in accordance with the recommendations of the Noel Hall Working Party should automatically become the regional and area pharmaceutical officers in the new NHS.

The Practice Committee felt that the post of regional pharmaceutical officer (NHS) should be open to competition and that details of the role specification for the post should be given in advertisements for application. The post of area pharmaceutical officer (NHS) was quite different from the post of area pharmacist (Noel Hall), it was pointed out. The new post should apply to a full time administrator whereas the Noel Hall post was held by a pharmacist with other responsibilities in the hospital pharmaceutical service.

Further, the whole purpose of the NHS reorganisation was integration and that aim would not be achieved unless all pharmacists had the right to compete for the new administrative posts so that a breadth of experience could be represented at all levels of administration. Council decided that a letter incorporating the above points should be sent to the Department and the Department's staff advisory committee.

Representation on joint liaison committees was also discussed and Council agreed that an approach be made to the Executive Councils' Associations pressing that details of recommendations affecting individual professions should be made known to the appropriate professional advisory committees. It would also be suggested that area specialist panels should be set up for each of the professions. (Joint liaison committees, one for each new area and one for each region, have a special responsibility for ensuring that NHS staff are fully consulted on and informed about NHS reorganisations. They are composed mainly of officers from existing authorities.)

A full page advertising feature in a local newspaper was considered by the Ethical Committee and deemed to be an error of judgement and to conflict with the Statement upon Matters of Professional Conduct. The feature had contained photographs of the interior and exterior of the premises, editorial matter and supporting advertisements that had included the word "pharmacy".

It was agreed by the Law Committee that where, in an emergency, a prescription for a Schedule 4 preparation was telephoned to a pharmacy the practice should be that a pharmacist should only accept such a prescription from the prescriber himself.

Sales of packs of 500 DF 118 tablets had been made from two pharmacies to a person who had a non-registrable qualification in chiropody, it was reported. The purchaser had said that the tablets were 'for the purpose of carrying out minor operations'. On each occasion, a second supply had been requested after a short period, the "chiropodist" claiming that he had damaged the first supply. One pharmacist had not made the second supply but the other had, and had been sent a warning letter.

Medicated 'sweets' licensing to be relaxed?

The question of the application of the licensing provisions of the Medicines Act to medicated confectionery has been raised by the Department of Health, reported the secretary and registrar (Mr D. F. Lewis).

Products such as Zubes, Cherry Cough Drops, Tunes and Vick lozenges are normally sold through sweet shops but will, in fact, be subject to product licences and manufacturers' licences. Almost all of those preparations are regarded as sweets and are distributed through the wholesale confectionery trade which, it is understood, consists of over 2,500 companies. To issue wholesalers' licences to all these companies would be unduly burdensome, but the Department of Health considers there is no scope for any further enlargement of the existing exemptions from all types of licences in respect of the products in question.

It is proposed that an order should be made to provide an additional exemption from the need to hold a wholesale dealer's licence. The exemptions would apply in the following circumstances: (a) the product licence holder would have to apply to the licensing authority for the exemption to apply to his products; (b) the product would not be sold with or accompanied by particulars in writing specifying that the product's curative or remedial function was in relation to a disease specified, except for the relief of symptoms of cold, coughs, or nasal congestion; and (c) the wholesaler would not deal in licensed medicinal products other than products of this kind, and would not distribute them to pharmacies.

The effect would be that the products themselves would be subject to licensing, but the owner of the product licence would be able to apply to the licensing authority to have his product regarded as a special case and then distributed through confectionery wholesalers to retail outlets other than pharmacies without the need for a wholesale licence.

Mr A. Aldington thought that the Council should express disquiet and not accept the suggestion that anyone should be free from the conditions of the Medicines Act. He was supported by Mr A. Howells and Mr D. E. Sparshott.

Mr J. R. Dale, the Society's chief inspector, said there were many preparations which were medicinal products within the meaning of the Act. As he understood it, the Department could give them a total exemption from licence, but the Department had made it clear that it did not want to give any further total exemptions. On the other hand, most of the preparations were sold in sweet shops and would require product licences and manufacturers' licences. Mr Howells said that if people ceased to advertise them as medicinal products they could be sold in sweet shops.

Mr W. M. Darling said that the expression "except for the relief of symptoms of cold, coughs, or nasal congestion" could apply to many products other than those mentioned. He was dissatisfied with the Department's approach. Mr K. A. Lees said that in the event of protestations failing, Council should follow the matter up with a question as to what criteria were going to be adopted by the Department for the acceptance of products permitted to be sold in that way. It was agreed to write to the Department along the lines suggested.

It was reported that the joint veterinary/pharmaceutical committee had given preliminary consideration to an EEC draft directive on the harmonisation of legislation of member states in relation to veterinary specialties, and had expressed disquiet on several of its principles. The Ministry of Agriculture had invited comment from constituent bodies, but the committee found itself unable to comply within the limited period without further information.

Survey on smoking

The Society has been asked to collaborate in a survey of smoking by pharmacists, Mr Lewis reported. The chief pharmacist at the Department of Health, Dr T. D. Whittet, had written to say that the Department was proposing to carry out a study which might throw light on the fact that people in the higher social classes and, in particular, in the professional groups, seemed to smoke less than other sections of the population. That might be because they were more susceptible to the appearance of warnings about the health dangers involved, but it might also be that the

average figure was low because certain sections of the professional classes might be expected to have a more intimate knowledge of the dangers because of the type of work in which they were involved. It was proposed to send questionnaires to a sample of doctors and nurses, pharmacists, dentists, and teachers from that group, and it was intended to have a large control group to represent other professions which did not have that special involvement. The questionnaires would be sent to 300 pharmacists.

Mr Howells, president, Commonwealth Pharmaceutical Association, reported that a successful application had been made to the Commonwealth Foundation for a further financial grant for the Association. The grant was for £30,000 over three years.

The Department of Health had agreed to an increase of 20 per cent, from September 1, 1972, in the grants payable to the organisers of courses arranged under the Health and Welfare (Provision of Instruction) Regulations 1968 for pharmacists providing Part IV services under the NHS.

Recommendation of the award of the mastership in pharmaceutical analysis to the following five persons was confirmed: Robert Stanley Dilks, Peter Murray, Gene Terence Robinson, James Ross Slater, John Maurice Teward.

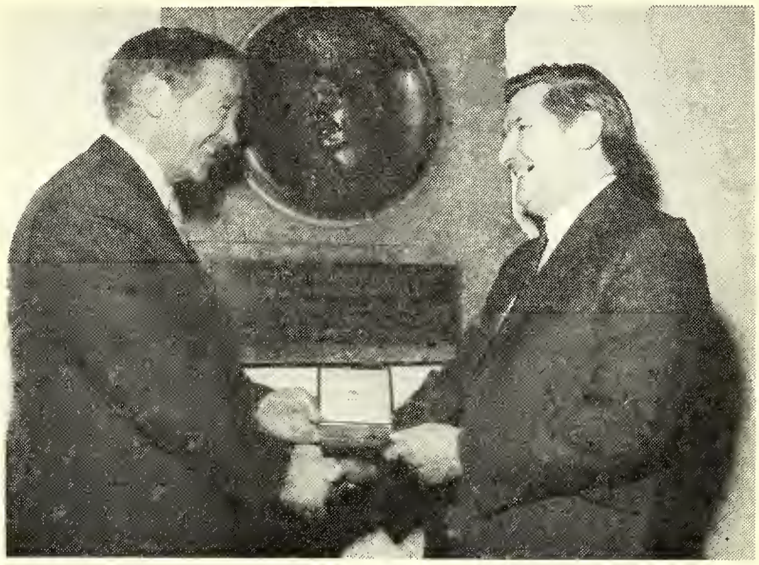
New EEC Committee

The formation of a new Committee of Council, the EEC Policy Committee, was announced by the president, Mr J. P. Kerr. It will facilitate the making of policy decisions before discussion in the Council's EEC Committee, which had co-opted members who are not members of Council. The Policy Committee will comprise Mr Aldington, Mr Bloomfield, Mr Beanland, Professor Beckett, Mr Madge, Mr Roberts, Mr Bannerman, Mr Sparshott and Mr Darling (chairman).

The Society has been asked to lend four items from its collection of delftware for an exhibition of English delftware to be organised by the British Council at the Rijksmuseum, Amsterdam, from March to June 1973. The request had come from the Keeper of the Department of Ceramics, Victoria and Albert Museum. The four pieces named were the most valuable in the Society's collection, two had been heavily repaired and were, consequently, most fragile. Mr R. G. Todd (the Society's librarian) was of the opinion that those should not be loaned as they might be damaged in transit. The Council agreed that the other two pieces should be offered for the exhibition. They are: syrup jar, inscribed "S. DE Althaeae" and "R.D." painted in blue, and dated 1658; barber's basin, painted blue and decorated with various instruments.

It was agreed that there should be an increase of £1 (to £6) in the overnight allowance for attendance at the branch representatives', the branch secretaries', and the regional secretaries' meetings.

It was reported that Miss S. E. Butterworth would be leaving the Society's employment at the end of December. Appreciation of her work within the organisation of the Society was expressed and tribute paid to her contribution towards the Society's Regional Organisation and the British Pharmaceutical Conference.



Mr C. A. Johnson (right) receives the Harrison Memorial Medal from Mr J. P. Kerr, president of the Pharmaceutical Society

What future for the compressed tablet?

Is the compressed tablet outmoded? That question was posed by Mr C. A. Johnson, scientific director of the British Pharmacopoeia Commission, when he delivered the Harrison Memorial Lecture at the Pharmaceutical Society's London headquarters last week.

Speaking in a personal capacity as recipient of the Harrison Medal, he titled his well-received lecture "The changing role of the pharmaceutical analyst." A significant landmark in the changes had been the first move to standardise compressed tablets by uniformity of weight and disintegration time. But this was now not enough: uniformity of content might have to be controlled in future, requiring many individual analyses. "This is possible provided that time, money and, above all, competent analysts are available, or provided that one has sufficient interest in a particular product to merit the introduction of automated procedures".

Disintegration characteristics measurement was being set against the solution rate test and other approaches to estimation of drug availability from the formulation—and by inference, possible clinical effectiveness. "Amidst the welter of questions that are being asked concerning the relevance of solution rate tests and of blood level determinations, and why Brand X appears to be more effective than brand Y or even why Brand X itself should vary in its effectiveness from time to time, and whether we are even sure that we know what we mean by effective, it seems to me that the one fundamental question is not being asked. If such widespread differences in effectiveness can occur from brand to brand, and even within brands, then is not the compressed tablet, as a drug-delivery system, outmoded and should it not be discarded in favour of some more reliable means of ensuring that the right dose gets to the right place?"

Mr Johnson said that if it was necessary to continue to live with the compressed tablet, the pharmaceutical analyst was faced with an enormous problem. "He has, in effect, to design a test that will be sufficiently simple to be applied as a routine measure from batch to batch but that will allow a reasonable prediction to be made of the biological response to be expected from the preparation so tested. When one considers the variation that may be expected in making estimates of biological responses one can realise the virtual impossibility of the problem.

"I predict that we shall see an increasing use made of the solution rate test in the future but we should constantly remind ourselves that such a test is simply a measure of another physical property of a tablet and that no more significant meaning should be attached to it without the most convincing evidence being available."

Mr Johnson also said that a major contribution to the increasing challenge of the analyst's work results from the increasing potency and complexity of the materials that he is called upon to assess. Many modern synthetic compounds were of considerable potency and impurities were most likely to be of closely related chemical structure, but not necessarily of similar pharmacological effect. An important aspect of any present day specification was therefore a challenging test for homogeneity based on some form of chromatographic separation using a detection system of adequate sensitivity. This, coupled with a definitive means of identification, and supported by determinations of physical criteria, was often enough. Rarely was anything positive added by the carrying out of an assay, which was all too often quite non-specific and which may lack the necessary precision to allow appropriately tight limits to be set.

"I predict that in the future the conservatism that jealously guards the formal assay as a revered part of the specification for a medicinal substance will be broken down and the essential features of interest will be unequivocal identification, assurances of homogeneity and determination of various physical characteristics."

Nevertheless, Mr Johnson concluded by saying that the pharmaceutical analysis was today, and would be in the future, an important part of the control system that sought to ensure that manufacturing errors do not go undetected.

Market News

EUCALYPTUS FIRM

London, December 13: The price of eucalyptus oil rose by 20 per cent during the week thus continuing the firm trend the oil has displayed over the past month or so. Also dearer among essential oils were lemongrass, Madagascar clove leaf, Ceylon citronella (forward) and Chinese anise and spearmint.

Among crude drugs Peru balsam was slightly dearer while podophyllum was lower for shipment. Cinnamon quills, Nigerian peeled ginger, and pepper were all weaker in the forward position. Production of sulphuric acid by members of the National Sulphuric Acid Association during the third quarter at 833,742 tons (100 per cent H_2SO_4) was 1·1 per cent above the third quarter of 1971.

Pharmaceutical chemicals

Acetic acid: 12-ton lots, delivered, per metric ton, BPC glacial £94; 99·5 per cent technical £87; 80 per cent grades pure £82·50; technical £75.
Adrenaline: (per g) Synthetic 1-kg lots, £0·059; 500 g £0·067; acid tartrate, £0·044 and £0·05.
Aloin: 50-kg lots £9 kg.
Aminacrine hydrochloride: £33·50 kg.
Aspirin: 10-metric ton lots £577·50 ton; 5-ton £583; 1-ton £592·50.
Atropine: (500-kg lots per kg) alkaloid and methonitrate £65·20; methylbromide £64·20; sulphate £52·90.
Benzamine lactate: 1-5-kg lots, £95 kg.
Benzocaine: 50-kg lots £1·48 kg.
Benzoic acid: One-metric ton lots £30·42 kg.
Borax: BP grades, per metric ton, in paper bags delivered—granular £112; crystals £154; powder £122; extra fine powder £126. Technical grades less £24 per ton.
Boric acid: BP grade per metric ton; granular £110; crystals £154; powder £122; extra-fine powder £126 in paper bags, carriage paid. Technical is £24 per 1,000 kg less than BP grades.
Calcium carbonate: BP precipitated £49 per metric ton.
Calcium gluconate: 250-kg lots £0·63 kg.
Calcium lactate: 250-kg £412 per metric ton.
Calcium pantothenate: £3·16 kg; 5-kg £3·13 kg.
Calcium sodium lactate: £0·709 kg in 50-kg lots.
Citric acid: BP granular hydrous per metric ton 50-kg lots, £337; 250-kg £325; 1,000-kg £313. Anhydrous £358, £346, £334 respectively. Premium for powder £10.
Gallic acid: 1,000-kg lots £1·62 kg.
Glucose: (Per metric ton in 10-ton lots), monohydrate powder £84; anhydrous £165; liquid 43° Baumé £70 (5-drum lots).
Glycerin: BP per metric ton—5-ton lots £234; 1-ton £237; 250-kg £243, in 250-kg drums.
Hydrocortisone: Acetate or alcohol £0·25 g.
Hyoscine hydrobromide: £314·14 kg.
Hyoscyamine sulphate: (100-g lots) £59 kg.
Ichthammol: 1,000-kg lots £0·52 kg.
Iodides: (Per kg) Potassium £2·16 (50-kg lots) £2·14 (250-kg); sodium £2·75 (£50-kg).
Iodine: Chilean crude £2·08½ per kg; resublimed £2·87 in 50-kilo lots.
Lactic acid: £570 metric ton for 50-kg lots.
Penicillin: Potassium, sodium or procaine, sterile £9 per 1,000 Mu for 5-25,000 Mu lots.
Phenolphthalein: 250-kg lots £1 kg.
Physostigmine: 100-g lots salicylate £0·69 per g; sulphate £0·88 g.
Oleic acid: BP £206·70 per metric ton delivered.
Oxalic acid: 20-ton lots about £145 metric ton.
Pyrogallic acid: Pure 500-kg lots £4·73 kg.
Salicyclic acid: per metric ton 5-ton lots £445; 1-ton £470 250-kg £520.
Tannic acid: 500-kg fluffy £1·35 kg; powder £1·33.
Tartaric acid: (Per metric ton) 50-kg lots £437; 250-kg £432; £428 ton.
Terpineol: 50-kg lots £0·47 kg.
Theobromine: Alkaloid 100-kg lots £2·30 kg.

Crude drugs

Balsams: (lb) Canada £2·15 spot; shipment £2·10, cif. **Copaiba:** BPC £1·25 Para, £0·40. **Peru:** £1·20, £1·15, cif. Tolu: BP £0·70.
Cascara: Spot £500 metric ton; no cif. offers.
Cinnamon bark: Seychelles £350 ton cif. Nigerian funtua new crop £360.
Cloves: Madagascar £1,620 metric ton, cif.
Cochineal: Tenerife black-brilliant £7 kg spot; £6·85, cif. Peruvian silver grey £6·30 spot, £6·25 cif.
Cocillana: Spot £700 metric ton.
Colocynth pulp: Spot £685 metric ton nominal.
Gentian: Root £490 metric ton spot; £480, cif.
Ginger: (ton) Cochin, new crop £245, cif. Jamaican not quoted. Nigerian split £220 spot; £205, cif; peeled £320 spot; £315, cif. Sierra Leone, new crop £310, cif.
Mace: Grenada No. 1 £1,120 ton, fob.
Pepper: (ton) Sarawak black £390 spot; £365, cif; white £580; £540, cif.
Podophyllum: Emodi £340 metric ton cif.

Essential oils

Anise: Chinese £1·55 kg spot; £1·50, cif.
Citronella: Ceylon spot £1·20 kg; £1·10, cif.
Eucalyptus: Natural 80-85 per cent for shipment £0·90 kg, cif.
Lemongrass: Spot £2·60 kg; £2·50, cif.
Spearmint: American £4·40 kg spot; Chinese £5·25, cif.

Coming events

Monday, December 18
Bedfordshire Branch, Pharmaceutical Society, The Angel's Reply, Hitchin, at 8 pm. Christmas dinner and party.

Tuesday, December 19
West Kent Branch, Pharmaceutical Society, Wellcome Research Laboratories, Langley Court, Beckenham, at 8 pm. Mr A. N. Watson *(Croydon Advertiser)* on "Cartoons and their history".

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Mr J. Newstead MPS is collecting relics of East Anglian pharmacy at his home (see p918)

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North East office
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Drug counselling success in Bournemouth

Proof that professional and lay people can successfully co-operate in the welfare of the community is recorded by the past annual report of Bournemouth Drugs Committee and Centre.

The chairman of the Committee, Mr K. Callow, a pharmacist and local magistrate, reports that four years of effort in facing up to drug misuse problems is "showing some results".

"One cannot yet report a breakthrough in terms of a solution but at least there is cause for optimism, certainly in the fields of counselling and education."

The Committee started in January 1969 as a working party of people professionally interested in the problem, prepared to discuss the improvement of communication and liaison between the various agencies trying separately to deal with the drugs situation.

The aims were defined as follows:—The consideration of all practical preventive measures which can be taken to diminish the drugs problem; the establishment of close liaison between profesional workers concerned with drugs misuse; the education of young people and their parents about drugs and drug misuse; the provision of a counselling service for those involved with drug misuse; the consideration of the need for a rehabilitation unit or hostel for ex-drugs misusers.

Activity began in 1971 with talks to parent-teacher and other organisations and culminating in the opening of the drugs advisory centre, manned by trained volunteers, to provide a counselling service for those involved in drugs misuse and parents worried about children becoming involved.

The centre is open on Wednesday and Friday evenings 7.30-9.30 pm. Volunteers were initially drawn from bodies such as Rotary, the probation service and the Samaritans and a course on drugs misuse was arranged before the centre was opened. They have ready access to medical and social experts to whom they can refer clients for help. One of the problems has been in trying to encourage people to use the centre, but during the year, advice has been sought by, or on behalf of, some 30 people. Twenty-one were single, three married and two separated; twelve people were unemployed and six were students. Fourteen were taking drugs, four had attempted to take drugs and five had given up.

Twenty cases involved taking cannabis and/or LSD and nine amphetamine, barbiturates or other types of drugs. Of those who were taking drugs five had obtained them from friends, five from "pushers" and three from casual acquaintances.

The Committee's activities have had to be run on a "shoe string' though plans were in hand at the end of the year to appeal to local organisations for financial help. They started off with a £25 grant from the local authority and donations of £50 from the local branch of the Pharmaceutical Society.

The possible role in "field" work by volunteers by going out into coffee bars, discotheques and other places, where young people congregate to offer help where needed was a plan being considered as the year closed. The Committee has also attempted to achieve local drugs limitation through medical-pharmaceutical co-operation.

The Committee's last report was presented at a recent meeting sponsored by members of the ABPI. The Mayor of Bournemouth attended and Mr J. C. Bloomfield spoke briefly.

Winner of the Maw's midwives £700 scholarship for 1972, Miss Margaret Powell (right), with Mr Duncan Mackintosh, managing director of S. Maw Son & Sons Ltd, and Miss D. M. Hawkins, president of the Royal College of Midwives. Miss Powell who is a work study officer for the Sheffield Regional Hospital Board plans to compare the procedures and standards of care provided for mothers and babies in different parts of Britain for the scholarship

'Dangerous drugs'—more voluntary bans needed

Persistence of relatively heavy prescribing of chloramphenicol by a few doctors in Northern Ireland suggests that warnings of its serious adverse effects, in the medical Press and by the Committee on Safety of Medicines, had not reached, or influenced, some practitioners, suggests a recent *Lancet* editorial.

A study by Professor O. L. Wade, on prescribing in Northern Ireland from 1966-70, also revealed that prescriptions for amphetamines decreased in number slowly but "were still considerable".

"The pattern of prescribing of bronchodilators changed strikingly, with a small fall in preparations containing adrenaline and isoprenaline and a great increase in the selective agents, such as salbutamol and the 'anti-allergic' compound disodium cromoglycate."

The editorial suggests that with more voluntary bans it might be possible to reduce still further the prescribing of dangerous drugs for which there are now safer alternatives.

☐ Doctors in Ipswich, Suffolk, where the first amphetamine ban was introduced, have recently successfully reduced barbiturate prescribing by about 60 per cent. They have refused to prescribe barbiturates to any one under 18 and check back on new or temporary patients who ask for them. Some dependent patients were switched to nitrazepam.

French talc deaths—m-d's charged

The managing director of the French Morhange company which sells the talc Bébé and the head of Setico company which produced the talc for Morhange have been charged with involuntary homicide. This follows the death of over 40 babies (*C&D*, September 2, p326) after their mothers dusted them with the French talcum powder.

A management official of Setico, not named, has been charged with the same offence.

The French Government has since banned the use of hexachlorophane in all hygiene products. The cause of the deaths was said to be because the talcum powder, by mistake, contained too much hexachlorophane. An inquiry into why the talc contained too much of the chemical is still going on.

Scotland increases NHS course allowance

Approval has been given to new rates of subsistence, an increase in the mileage allowance and arrangements for the payment of locum tenens fees for pharmacists who attend courses provided under Section 63 of the Health Services and Public Health Act 1968.

Increases of 20 per cent in course fees payable to universities and colleges organising such courses have also been approved. The following allowances become effective for courses commencing during or after November 1972.

Night subsistence: For overnight absence covering a period of up to 24 hours, the actual expenses incurred subject to a maximum of £5·51.

Day subsistence: For absence from home or practice for more than 5 hours but not more than 8 hours £0·44; for absence for more than 8 hours £0·96.

Travelling expenses: Where a pharmacist uses his own car, mileage allowance of 2½p per mile will be payable for the shortest practical route between home and the place visited and an additional ½p per mile may be claimed for carrying a named pharmacist who is himself attending the approved course.

Locum fees: Payment towards the cost of employing a whole-time or one or more part-time locum tenens may be claimed up to £6·75 for each day that a pharmacist is necessarily away from his practice because of attendance at an approved refresher course. This figure is the maximum inclusive grant allowed and it must be clear that the pharmacist or chemist contractor concerned has actually paid a locum tenens.

Free contraceptives for all, says Lords

Peers of all parties combined before Christmas to carry an amendment to the National Health Reorganisation Bill in the House of Lords authorising a completely free and comprehensive family planning service, including the supply of contraceptives.

The Government was defeated in the opposition amendment which was carried by 76 votes to 51, a majority of 25.

The Government is now faced with the dilemma of simply accepting the change to the Bill or of using its majority in the Commons to reverse the Lords decision.

Lady Lleweyn-Davies of Hastoe, moving the amendment from the Labour front bench, said many people felt it was wrong to have free NHS abortion and vasectomy but not free contraception.

Questioning Sir Keith Joseph's proposed distinction (last week, p887) between the free supply of contraceptives to those with medical and social needs and supply to others who will pay the full cost *The Times* asked: "How easy would it be in practice to distinguish those in social need? "It seems likely that the distinctions would have to be either arbitrary or fuzzy because in this context the very context of social need is not a precise one."

Senior management from Medicopharma, the Dutch pharmaceutical wholesale organisation, visited Crown House, Morden (Surrey) recently to inspect the Unichem computer installation. Mr John Thompson, head of Unichem management services (right) discusses the operation of the visual display unit, with some of the visitors

£150 fine for supplying poisoner

John Bell & Croyden, 50 Wigmore Street, London, were fined £150 with £60 costs at Marylebone Court recently after pleading guilty to charges of unlawfully supplying poisons to Graham Young, who was sentenced to life imprisonment in July for the murder of two workmates and the poisoning of four others.

The company was charged on summonses issued by the Pharmaceutical Society under the Pharmacy and Poisons Act 1933, that on April 24 and June 5 it unlawfully sold the restricted poison antimony potassium tartrate, the purchaser neither showing a certificate nor being known to the seller; that they unlawfully sold the poison thallous acetate on June 5; that they failed to correctly enter the sales in the poisons register.

Pleas of not guilty on two charges of selling the drugs without supervision were accepted by the court.

Mr St John Howe, prosecuting, said on the first occasion Young, using the name of Evans, was sold antimony when he produced a letter on Bedford College, University of London, headed paper. It was supposedly signed by a professor stating that Young was a student who wanted the drug for laboratory tests.

In June, Young again went to the pharmacy and asked for the substances.

Mr Albert Kearne, the pharmacist, recognised Young and felt it was not necessary for him to have yet another note of recommendation. Young signed the poisons register, but the quantities were not put down.

Mr John Pettitt, defending, said that a week before Young first purchased the drugs he had been told by the pharmacist that he must have a certificate. He said that it seemed to him fairly likely that if Young has tried to, he could have got a certificate instead of just a letter.

"Young is a highly articulate and clever person and knew that John Bell & Croyden was the place for him to buy the poisons. He had decided he wanted them and I doubt whether anything would have stopped him getting them."

Mr Pettitt said that Mr Kearne, perhaps wrongly, felt that the headed letter from Bedford College was enough to show that Young was the right sort of person to have the drugs.

John Bell & Croyden were fined £40 on each of three charges of selling the poison and £15 on each of the two charges of failure to enter in the poisons register. Under the Act the highest fine that can be imposed for such offences is £50.

Royal Commission study drug claims

Lord Pearson is to head a Royal Commission to study the question of civil liability and compensation for personal injury, the Prime Minister announced recently.

Mr Heath said the Government had been considering proposals for an inquiry, which were particularly relevant in the light of the report of the Robens Committee on safety and health at work and in connection with the recent concern over the thalidomide cases.

The Commission will have the following terms of reference: "To consider to what extent, in what circumstances and by what means compensation should be payable in respect of death or personal injury (including ante-natal injury) suffered by the person—in the course of employment; through the use of a motor vehicle or other means of transport; through the manufacture, supply or use of goods or services; on premises belonging to or occupied by another, or otherwise through the act omission of another where compensation under the present law is recoverable only on proof of fault or under the rules

continued on p910

Continued from p909

of strict liability, having regard to the cost and other implications of the arrangements for the recovery of compensation, whether by way of compulsory insurance or otherwise."

The Royal Commission will also have to consider the question of liability for injury suffered through the manufacture, supply or use of. The Commission will thus be able to consider the principles governing the award of compensation for injury caused by the administration of a drug such as thalidomide, though no recommendation would have retrospective effect.

'Free films' the most popular promotion

The free film offer was 1972's most popular promotion from the manufacturer's standpoint, according to Mr Tom O'Leary, chairman of the Sales Promotion Executives Association.

Speaking at a meeting of the Association last month, he said there had been "a glut" of such offers, the promotors including: Heinz, Reckitt & Colman, Kellogg's, Tate & Lyle, Carnation, Smedley and many more. "Indeed competition became so great that the film companies and developing services entered the race and went direct to the consumers themselves. Some Thursdays, my day for a call from Circular Distributors, I was faced with four free film offers. We seem to be getting more original as the years go by."

Up to the end of September, the number of promotions had increased by 9 per cent, said Mr O'Leary. But more manufacturers were moving towards the straightforward reduced price offer, and if reduced price offers were excluded promotions were 6 per cent down on the previous year's figure. Whilst still declining in numbers, self-liquidating premiums were the second major promotional activity, with free mail-ins next most popular. Coupons showed a 50 per cent growth, and competitions had made a comeback. An increase in multi-pack offers was also noted.

Ulster News

There is still time for members of the Pharmaceutical Society of Northern Ireland to book for a series of eight postgraduate lectures on "Recent advances in the pharmacology of drugs.'

The programme is as follows: January 10, Drug interactions part 1 (Professor P. F. D'Arcy); January 17, Drug interactions part 2; January 24, Adverse reactions to drugs (Professor P. C. Elmes); January 31, Bronchodilator drugs (Dr J. G. Shanks); February 14, Oral contraceptives (Mr P. S. Collier); February 21, Problems with cortieosteroids (Professor P. C. Elmes); February 28, Future developments in drug design (Professor P. F. D'Arcy).

The lectures will be held at the Medical biology centre, Lisburn Road, Belfast, at 7.30 pm. Course fee is £4 (no fee for preregistration students). Applications to: Mr W. Gorman, Secretary, Pharmaceutical Society of Northern Ireland, 73 University Street, Belfast BT7 1HL.

Purchase tax refunds: preliminary details

Preliminary details of the rebate scheme for dealing with unsold stocks on March 31 1973 which have borne purchase tax and which will attract VAT at the standard rate when sold on or after April 1 1973 have been issued for the guidance of traders.

Traders will be required to complete a claim form giving the following information:

- ☐ stocks of purchase-tax-paid goods on hand at close of business on March 31 allocated, as appropriate, between the three current rates of tax (11¼ per cent, 18 per cent and 25 per cent) and the rebate claimed on those goods;
- ☐ stocks of purchase tax goods on hand at close of business on March 31 held on sale-or-return or similar terms;
- ☐ total stock (including goods not chargeable with purchase tax) on hand at close of business on March 31: this information need not be furnished when the amount of the rebate claimed does not exceed £500;
- ☐ closing stocks are shown in the financial accounts of the business for the preceding 2 years, or, if the financial accounts end on a date other than March 31, 3 years;
- ☐ on the basis of valuation adopted for the stocks figures (eg cost or selling price, tax-inclusive or exclusive);
- ☐ total amount of rebate claimed.

April 30 deadline

Completed claim forms will need to be sent to the VAT Central Unit by the end of April. If revenue duties are reduced to take account of VAT somewhat similar information will be required for goods liable to those duties.

The total amount of the approved claim will need to be entered in the trader's first VAT return (Form VAT 100). It will be treated as input tax and together with normal input tax will be offset against output tax due, a repayment being made if appropriate.

Supporting evidence will not need to be sent with the claim. Records, working sheets, purchase invoices etc used as the basis of the claim should, however, be retained. Responsibility for ensuring the accuracy of the figures given for stock on hand rests upon the trader and it will be for him to satisfy the Customs and Excise that the methods he has adopted are satisfactory. However, it is not proposed to prescribe the use of any particular method. Where a trader's financial year ends on March 31 it will normally be possible for the information required for the claim to be based on similar procedures to those adopted for the purposes of audited accounts. Where accounts are not made up to March 31 the traders will normally have to base his claim either (i) on a physical stock-taking as on March 31 or (ii) if he customarily uses computerised records or other satisfactory accounting methods to determine stock, on those methods. Where the trader does not have properly audited accounts, a physical stock-taking would be essential.

However, if the exigencies of the business make it impossible for stock to be taken on March 31 or the work cannot be completed in one day, there would be no objection to the trader taking stock on an earlier day, or over a number of days, if sufficient records of purchases and sales for the intervening period are kept to enable an accurate adjustment of the figures to be made.

It will not normally be necessary to relate goods on hand to the actual receipt invoices, but evidence of the amount of tax borne by the goods will be needed. Rebate will be calculated by reference to the three current rates of purchase tax. The normal method will be by reference to the supply invoices for the goods concerned, but if a trader is able to devise an accurate formula related, say, to tax-inclusive selling prices, this will be acceptable.

A notice setting out the detailed requirements of the scheme and a claim form, will be despatched in February 1973 to VAT registered traders likely to be interested.

Appointments

Ward Blenkinsop & Co Ltd have appointed Mr P. M. R. Gibson to the board as from January 1, 1973.

Elgastat Accessories Ltd, have appointed Mr Michael J. Veasey as their marketing manager.

Gillette Industries Ltd: Mark Gibbon, previously sales promotion manager, has been appointed western regional sales manager. He replaces John Ryan who has been promoted to field sales manager.

Smith & Nephew: Mr P. D. Waine, the present works director of T. J. Smith & Nephew Ltd, has been appointed to the board of T. J. Smith & Nephew (Holdings) Ltd (Elastoplast division), with effect from January 1, 1973.

Norgine Ltd: Mr Frank H. Leonard, MPS, at present director and general manager of M.C.P. Pharmaceuticals Ltd, joins Norgine Ltd on January 1, 1973 and will become managing director on May 1, in succession to Mr Peter Jones. Mr Jones, while relinquishing his executive responsibilities, will retain his connection with the company as chairman.

News in brief

☐ The general index of retail prices in November was 169·3 (January 1962=100) compared with 168·7 in October.

☐ Pharmaceuticals were mentioned in a list of products for which the rate of value added tax is being reduced in France.

☐ Prescriptions dispensed in Northern Ireland during September numbered 870,519 (555,848 forms). Total cost was £839,913, an average of £0·9648 per prescription.

☐ In England during August, 19,504,069 NHS prescriptions were dispensed (12,462,888 forms). Total cost was £16,992,104, an average of £0·87 per prescription.

☐ Manchester Regional Hospital Board recently agreed that the regional-pharmacist Mr N. Blacow, could accept a post as honorary lecturer in hospital pharmacy at Manchester University.

☐ Following their recently completed VAT national exhibition tour, Lamson Paragon Ltd have announced plans for staging a further 21 exhibitions, from Swansea to Edinburgh, during the period January 2-March 1 1973.

☐ The Distillers Co Ltd have granted the University of Glasgow £84,000 for the formation of an alcoholism research unit. Some work has already been started on the subject there, particularly on the association between the abuse of alcohol and deliberate self-poisoning with an overdose of a drug.

☐ The Purchase Tax (No 1) Order 1972 came into operation on December 9, consolidates the list of drugs and medicines which were free of purchase tax on November 15. Copies of the Order, published as S.I. 1972 No. 1745, are obtainable from HM Stationery Office, price £0.13½.

☐ The House of Commons has given a formal first reading to a private member's Bill presented by Mr Patrick Cormack, the Weights and Measures (Unit Pricing) Bill. It seeks to give power to the Secretary of State to require that goods should be marked with the price per unit of measure. The Bill is due to receive its second reading on February 9.

☐ Fifteen people have been sentenced to death on Pemba, the northern island off Zanzibar, for smuggling cloves. Unless the sentences are commuted they will be publicly executed by firing squad. Cloves account for more than 90 per cent of the island's exports and it is estimated officially that Zanzibar has lost nearly £2·8m through smuggling in the last two years.

Topical reflections

BY XRAYSER

Marley's ghost

CHRISTMAS has always been a time for surprises. A courteous "Good morning" in tones reminiscent of the late P. F. Rowsell brought my head up from the prescription desk and there, in all his accustomed dignity, stood Dr Marley—Habakkuk to his friends, I believe, though I have never taken the liberty.

I had not seen him for some time, for he had retired from active practice. He informed me that he was acting locum tenens in the area, and I immediately tried to remember where I had put the lithium hippurate, the ammoniated tincture of guaiacum, the saccharated carbonate of iron and the squill bulb which he had been wont to compound into a pill with digitalis and pil. hydrarg. He was not quite on his old stamping ground, and I suspected that he might be experiencing difficulties in the pharmacy close to where he was now practising, just as I should not have been surprised to learn that its young, thrusting, aggressive owner might be finding himself in deep waters.

All of that flashed through my mind almost in the time it took to shake hands. I soon discovered that the visit was not solely to inquire after my health. "Look here, my boy," he said—I have always been his boy, although there are now silver threads among the gold—"Have you any buchu leaves?" I glanced furtively at a top shelf labelled irreverently "Marley's Museum" and saw a beautiful shop-round clearly marked Fol Buchu, hoping at the same time that his eye would not stray in that direction. He expressed satisfaction.

"I like the 'recens', " he said: "I never had any faith in the new-fangled concentrated infusions. I visited the pharmacy near to my consulting rooms—at least, I think it was a pharmacy. I had been directed there and a brightly lighted sign seemed to indicate that that was what it was. But the young pharmacist looked a little confused when I asked him to make a mixure with fresh infusion of buchu. I produced the prescription signed in my usual way—H. Marley—and he asked me politely if 'H' stood for Hippocrates." It seemed to me that the first round had gone to the up and coming adviser on drugs.

The aftermath

I met my pharmacist colleague some weeks later. The dynamism had gone, the thrust and confidence were lacking, and he was taking chlordiazepoxide. It seemed that, although he had scored a point in the first encounter, the venerable physician had gradually forced him on to the ropes, and only the return of the local doctor had saved him from a complete knockout. Had I, he asked, ever heard of kousso? Or *Haematoxylon campechianum*? Or *Rhus toxicodendron*? Or grains of Paradise? Marley had wanted to take some home for his pigeons.

I gathered that the morning appearance of the old man had caused increasing alarm and despondency. But it was pleasant to see him again and to find that the hand had not lost its cunning at the pill machine, and a pleasant aroma of buchu was all-pervasive for a day or two. I said to my colleague that we would never look on his like again. "I hope not," he said fervently.

Deaths

Abernethy: On December 5, Mr William Abernethy, MPS, 34 Norfolk Road, Aberdeen. Mr Abernethy qualified in 1912 and for 40 years was in business in Alness, Ross.

Flach: On December 18, Mr Gabriel Frederick Flach, 140 Falkland Road, London, N8, aged 83. Mr Flach was director of Joseph Flach & Sons Ltd, for over 50 years, and chairman of the war-time Culinary Herb Importers Committee.

Lawrenson: On December 1, the result of a road accident, Mrs Elsie Frances Lawrenson, BSc, MPS, 90 Taymount Grange, London SE23. Mr Lawrenson qualified in 1928.

New products and packs

Over-the-counter medicines

Larger Panadeine Co pack

A 24-tablet pack of Panadeine Co (£0·36) has been introduced by Winthrop Laboratories. The plastic slide pack, says the company, will fill the need expressed by many chemists for a pocket or handbag pack larger than the 10-tablet size already available (Winthrop Pharmaceuticals, Winthrop House, Surbiton-upon-Thames, Surrey KT6 4PH).

For hospital use

Disposable wound closure

A wound closure system which is simple, speedy and reduces the risk of permanent scarring, has been developed by ICI pharmaceutical division and a consultant at the Royal Infirmary, Liverpool. The technique is based on the use of stainless steel clips which hold together the edges of a wound and do not generally penetrate the skin.

The surgeon applies the clips with the Avlox 18 applicator, a plastic instrument operating on a simple press-and-release mechanism which expels and simultaneously closes the clips. It is spring-loaded with 20 clips. An integral part of the system is the Avlox remover, a one-piece nylon moulding which has a tip designed to fit the flanges of the stainless steel clips. In effect, the surgeon simply lifts the clips from the skin. Both the applicator and the remover are supplied sterile, ready for use, and are disposable. (ICI Pharmaceuticals Division, Alderley Park, Cheshire).

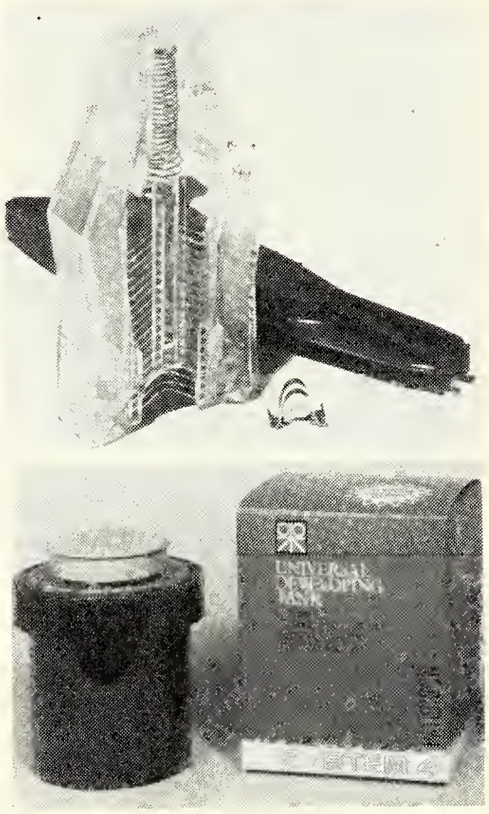
Photographic and optical

Addition to microscope range

An addition to their range of miniature pocket microscopes has been introduced by Northgate Instruments. It is a measuring magnifier (£2·75) with 10X magnification. The unit gives a flat field of view with a built-in wide field scale sub-divided into 0·1 mm. Focussing is controlled by a knurled ring and the total field of view is 15mm in diameter with a lens aperture of 17mm. Dimensions are $1\frac{3}{4} \times 1\frac{5}{8} \times 1\frac{1}{2}$ in. (Northgate Instruments Ltd, 19 London Road, Gloucester).

Improved universal tank

In the Paterson System 4 range of developing tanks the Universal model was designed to hold one 35mm, 126, 127, 120 or 220 film. The body has been lengthened slightly to accommodate an extra spiral enabling two 35mm or 126 films to be processed at the same time. One spiral is supplied with the tank and by purchasing another the user can process two 35mm or 126 films together, thus broadening the



scope of this tank (£2·13). To distinguish the new model there is a small change in the carton. The white band incorporating the wording "System 4" is now around the bottom of the carton and the wording on the side of the carton describes the additional facility. (UK distributors—Network Technical Distributors Ltd, 335 Hendon Way, London NW4).

Prescription specialities

BENYLIN PAEDIATRIC

Manufacturer Parke, Davis & Co, Usk Road, Pontypool, Mon NP4 8YH
Description Red coloured syrup containing in each 5 ml diphenhydramine hydrochloride 7mg, sodium citrate 28·5mg, chloroform 11·25mg and menthol 0·55mg
Indications Relief of cough and its congestive symptoms
Dosage *Children:* 1 to 5 years, one 5ml spoonful. 6 years and over, two 5ml spoonfuls. To be given every three hours or as directed.
Precautions May cause drowsiness. If affected patients should not drive or operate machinery
Packs Of 500ml (0·65 trade) and 2·25l (£2·30). **Supply restrictions** P1, S7
Issued January 1, 1973

FUCIDIN CAVIJECT

Manufacturer Leo Laboratories Ltd, Hayes, Middlesex
Description Sterile single-dose applicator containing fucidic acid 2 per cent in a water-miscible base.
Indications Cutaneous abscesses
Contraindications Infections caused by non-susceptible organisms such as *Pseudomonas aeruginosa*
Method of use Abscess should be incised and carefully curetted. Cavity is filled with Fucidin Cavijject and a dry dressing applied
Precautions Systemic use of antibiotics must be considered if there is evidence of infection spread, or in elderly, diabetic or debilitated patients
Side effects Hypersensitivity reactions rarely
Storage In a cool place
Pack Applicator with flexible nozzle (£0·33 trade)
Supply restrictions TSA
Issued December 1972

New dosage form

Geigy announce that, as from January 1, 1973, a 10mg Anafranil capsule will be added to the existing Anafranil product range. Each pack contains 100 capsules (£1·18). It has been shown that a dose of 3 Anafranil 10mg capsules daily is frequently adequate for the treatment of the average depressed patient encountered in general practice; but in more severe depressions the 25mg dose continues to be the standard treatment unit (Geigy Pharmaceuticals, Hurdsfield Industrial Estate, Macclesfield, Cheshire, SW10 2LY).

Notes on new Medicaments

Velosef

Chemistry: 7-[D(-)-2-amino-2-(1, 4-cyclohexadien-1yl) acetamido]-3-methyl-8-oxo-5-thia-1-aza-bicyclo-(4.2.0.) oct-2-ene-2 carboxylic acid.

This new antibiotic, also known as cephradine, is closely related to cephalexin, with the terminal phenyl group of the latter replaced by a cyclohexadienyl group. Cephradine, in common with other cephalosporin derivatives, is active only against multiplying cells. The range of antibacterial activity extends from the Gram-positive organism to Gram-negative pathogens such as some species of Salmonella and Shigella, but it does not include *Pseudomonas aeruginosa.*

Preliminary trials have shown that the drug is acid-stable, and is well absorbed when given orally, it reaches peak levels in the blood within one hour, with almost complete excretion in the urine in about six hours. The degree of protein binding of cephradine is low and reversible, so that the drug has a high bio-availability.

The drug has promise in the treatment of a range of infections, and reports have appeared on its successful use in intestinal infections due to Salmonella and Shigella.

Trade News

Scholl's spring range
The spring range of clogs and sandals is now available from Scholl (UK) Ltd, 182 St John Street, London EC1P 1DH. T-bar is a new style sandal that comes in plum-coloured suede with contrasting stitching. Clog, in denim-blue suede, has adjustable strap and is also available in grain leather in white and several other colours. There is also a two-strap sandal in cognac-coloured suede with contrasting stitching which is also available in navy-blue grain leather. All three styles (£5·45) have a beech-wood base and micro-cellular rubber sole. Uppers are treated with Scholl suede protector spray to resist rain and stains.

Kerfoot prices
Although their November price list was published by Thomas Kerfoot & Co Ltd, Vale of Bardsley, Ashton-under-Lyne, before the Government price freeze the company have decided to enter into the spirit of the adopted national policy by voluntarily cancelling the increases, but maintaining the reductions effected by that list, copies of which are available from the company.

Discontinued preparations
Due to small demand for the pack sizes, Schering Chemicals Ltd, Pharmaceutical Division, Burgess Hill, Sussex RH15 9NE, have discontinued Controvlar in packs of 100 tablets and Scheriproct ointment in 30g tubes, packs of 50. These products continue to be available in the alternative listed pack size, also the following products "are completely discontinued" Primolian tablets. Supply of these preparations will continue while stocks remain.

New point-of-sale display tower for Sinex nasal spray from Richardson-Merrell Ltd, 10 Savile Row, London W1

Clarkes distribution change
The distribution of the Clarkes range of products has been taken over by Halas Laboratories Ltd, Thorpe Arch Trading Estate, Boston Spa, Wetherby, Yorks. The Lincoln & Midland Counties Drug Co Ltd who have been concerned with the range for 100 years have found that due to other commitments they were unable to actually market and promote the products.

German tablet presses
W. J. Hart & Sons (London) Ltd, 212 Putney Bridge Road, London, SW15 2NF, announce that they have been appointed from January 1 1973, sole sales and service agents for Emil Korsch Maschinenfabrik, Berlin manufacturers of tabletting presses. The company have been designing these machines for 50 years. They manufacture single and multi-head tablet presses for granules and powders and other special equipment.

Dispensing pack
The bronchodilator based by Astra Chemicals Ltd, King George's Avenue, Watford WD1 7QR, Bricanyl is now being offered in a dispensing pack of 500 tablets (£7·00).

Bonus offers

E.C.M. Laboratories Ltd, 226 High Street North, East Ham, London E6 2JE. PRO-HYD 50. 12 invoiced as 10 (until January 31, 1973).

on TV next week

Alka-Seltzer: All areas
Askit powders: Sc, G
Brylcreem: All areas
Buttercup syrup: M, Lc, Y, B
Close Up: All areas
Famel cough syrup: Ln, M, Lc, Y, NE
Macleans toothpaste: All areas
Sunsilk hairspray: All areas
Vicks Sinex: All except U
Vosene shampoo: All areas

High Profits with High Potency Blakoe Vitamin E

Blakoe Vitamin E – attractively packed in convenient counter display outers – provides YOU with a fast selling, high quality product.

			TRADE	RETAIL
Blakoe Vitamin E (High Potency)	100 mg	100 tabs	70p	£1.10
Blakoe Vitamin E (Higher Potency)	200 mg	50 tabs	70p	£1.10
Blakoe Vitamin E (Higher Potency)	200 mg	50 caps	70p	£1.10
Blakoe Vitamin E (Highest Potency)	600 mg	15 caps	70p	£1.10
		32 caps	£1·43	£2.15

Further information available from

Blakoe Limited,
229 Putney Bridge Road, London SW15

Estate duty and the director

by Peter Miller

One of the serious difficulties in connection with estate duty levied at death is that it is chargeable on the capital value of all assets—even though one's family may not wish to realise them, or may experience difficulty in realising them. For instance, a substantial proportion of the capital of a director of a private company is likely to be in assets such as shares in the company, his own house, and so on. It is important, therefore, to make sure, in advance, that sufficient liquid funds will be available at death to meet the estimated duty. Otherwise, if assets have to be realised, it is clear that, in some way, the future of the company and the family will be prejudiced.

It is generally agreed that, for a young man, one of the best methods of tackling the need to have liquid resources at death is to arrange a whole life policy on a trust basis. In this event, provided the premiums count as "normal expenditure" of the director, no duty should be payable at death. Briefly, to qualify as "normal expenditure" (and no ruling will be given by the Revenue until after death, when it is too late to make changes), premiums must have been made from income and the living standard must not have dropped.

Special rules

Where premiums paid into a Married Woman's Property Act or other trust policy do not qualify as "normal expenditure", there are special rules for calculating the estate duty liability in connection with the proceeds from the policy. Briefly, for estate duty purposes, each premium which has been paid is considered to have secured a proportionate part of the benefits being paid by the insurance office. Having established the average benefit per premium, this is considered to have been a gift of rights under the policy.

It is only the "gifts" made during the seven years prior to death which are added into the estate for duty purposes. Even then the usual reductions are allowed. For instance, the whole of the "gifts" made in the four years preceding death would be added back into the estate, 85 per cent of the figure for the fifth year, 70 per cent for the sixth, 40 per cent for the seventh.

Useful as that kind of arrangement may be, the position is not so easy for a director over the age of, say, 50 or so. For him, higher premiums will have to be paid. If he is paid higher director's fees by the company, this will merely push him higher up the tax scale. Thus comparatively little of the extra money paid to him by the company can be used to purchase life assurance.

Fortunately, there is a unique tax and duty saving scheme, known as death-in-service cover which can be used. The important point about this type of contract is that, while it is extremely advantageous at the moment, it is available only until April 5, 1973. The reason for this is that, under the provisions of the Finance Act 1970, as varied by the Finance Act 1971, any payments made after April 5, 1973, into a death-in-service scheme which starts after that date will be assessed to tax on the director concerned. If, however, a scheme is started before that date, there will be no such tax disadvantage until 1980. Then, it is proposed that such payments will be assessed to tax on the director. This means that, provided a scheme is arranged in good time, there is a reasonably long premium payment period. Nevertheless, there is no necessity for premiums to be paid for that length of time. They will be met by the company, and there is no reason why they should not be paid for, say, two or three years, after which the policy can be converted to a paid-up basis.

The practical effect of this arrangement is that although the premiums are paid by the company, they do not affect the individual director's tax position. The fact that the company cannot set off the premiums against profits for Corporation Tax purposes need not be particularly serious in view of the other tax advantages to be gained from this type of scheme.

It is important that the company's accountant should be consulted, so as to make sure that the payment of premiums in this way will not result in a short fall assessment.

Life assurance

The policy taken out by the company will be whole life assurance, arranged on the life of the director under a trust created for the benefit of his wife, children and dependants if he should die while in the service of the company. The proceeds of the policy will be made available immediately on death for the benefit of his family. Clearly, therefore, they can be used to provide the funds needed to meet the duty liability on a shareholding and other assets assessable to duty at death.

The estate duty position is that, where the director does not have a controlling interest in the company, the proceeds will be payable entirely free of duty. If, on the other hand, the director is capable of exercising control over the company by virtue of voting or other rights within seven years of his death, some part of the proceeds may be dutiable if a premium is paid by the company during that period.

To illustrate the position where a director owns more than half the shares, one can take the case of a director owning 60 per cent of the shares. In this event, 60 per cent of the proceeds would be treated in the same way as a trust policy, outlined above. This means that, if no premiums had been paid during the seven years before death, no duty would be payable.

There are plenty of other considerations which will have to be taken into account in determining the optimum shareholding. In practice, with the last premiums for this type of contract being payable in 1980, and with companies having the right to pay only a few annual premiums, it is quite possible that no premiums may be paid in the seven years preceding death.

In the unlikely event of a director being unacceptable for an annual premium policy on health grounds, probably an equity-linked or property-linked single premium contract could be arranged.

Obtaining expert advice

If contemplating a scheme of this type, it is important to obtain expert advice. Few life assurance brokers have made a study of this specialist sphere. An exception is Towry Law & Co Ltd. This firm makes the point that various aspects need to be watched. For instance, whilst it is true that a company may insure the life of a director or key employee on a temporary assurance basis, generally this type of cover will be inappropriate. For instance, a director is most likely to die after normal retirement age. In view of this, whole life assurance is likely to be of much greater practical use than temporary assurance which might cease at normal retirement age. Clearly, the need for some type of cover continues right up to the moment of death. For this reason, it is essential that the company's Memorandum and Articles of Association should give the company specific powers to insure the lives of directors and employees; also, there should be no enforced retirement age.

The brokers point out that, even if the individual's executive abilities become impaired, it is understood that the Revenue does not object to the continued provision of death-in-service benefits, provided the company continues to pay the individual some form of director's or consultancy fee.

One aspect which is not always appreciated is that a director for whom arrangements of this type are made is ineligible to pay premiums towards a "self employed" pension contract. Such a contract has the advantage that, within certain limits, full relief for tax may be claimed on all premiums. Furthermore, when the pension commences a proportion of it can be exchanged for a tax-free cash sum. The loss of this right to effect such a contract may not be particularly serious since, as mentioned, fees will continue to be paid to a director until death. Furthermore, the benefit secured by previous premiums will not be lost. Single premium contracts will not be affected, and those where level premiums are payable annually (or more frequently) will be converted to paid-up.

There is no doubt that this type of scheme can offer considerable advantages, especially for directors in the higher tax brackets. As mentioned earlier, however, these advantages are only available if a scheme comes into effect before April 5, 1973. If started after that date, any premiums paid by the company under such a scheme will be taxed as income of the director, although a limited amount of tax relief may still be available.

Comment

Confused consumers

Dame Elizabeth Ackroyd, director for eight years of the axed Consumer Council, offers a New Year's resolution for retailers in the current bulletin of the Retail Trading-standards Association. The message is: Stand on your own feet in defiance of manufacturers' promotional pricing methods.

There are two points in her plan:—

- ☐ Refuse to deal in pre-packaged goods on which suppliers quote a nominal recommended retail price linked with bogus special reduction
- ☐ Refuse to handle those products which indicate a "flash" offer of 2p off a recommended price that isn't even mentioned on the pack.

She states: "The year 1973 is the year of the VAT and shop keepers will, I suspect, be driven nearly round the bend by coping with that as well as with the freeze and its sequel: so why not make life easier for yourselves as well as your customers by getting rid of a source of pricing confusion which is self-inflicted?

Discussing the Government's price freeze, Dame Elizabeth points out the difficulty consumers will have about special offer and "normal" prices. The difficulty in interpretation she attributes to their having been "thoroughly confused over recent years with special offers here, '2p off' there, 'worth double' somewhere else, and all the variations on a theme of suggestion that the lucky customer is getting a bargain without however, perhaps actually giving him one."

Dame Elizabeth doubts if it would be in the interest of shoppers to require that a recommended price must be "a real live one." She believes it would result in higher average prices since retailers would be tempted to stick for most of the time, to that price to establish a legal bench mark against which to measure the occasional genuine bargain.

She therefore would like to see list prices done away with for all "shopping basket" products, especially pre-packaged commodities. She adds: "This of course, could be done by unilateral action on the part of the retailers and wholesalers and doesn't need a legal ban or a self-denying ordinance by manufacturers.

"If retailers made up their minds to stand on their own feet and offer their goods to their customers at prices based on their own track record, confusion in the shops would be removed at a stroke. By all means let a shop-keeper offer a special price reduction compared with what he had charged the previous month and proposed to charge again the following month."

We would hate to say "We told you so" to Dame Elizabeth, but customer confusion became inevitable with the ending of resale price maintenance. Consumers are only human, and even if that casts manufacturers in the role of monsters, it remains obvious that the housewife will go for the "bargain" every time. Regrettably, perhaps, the shop that stocks everything, and sells it all at only 15 per cent gross, will lose out to the one next door which restricts its range to the market leaders, sells this week's "offers" at cost—but marks the rest of its goods at 25 per cent gross. Yet which gives the better value and service?

The consumer has shown herself willing to buy deep-cut durables from a limited choice—but complains when repairs cost the earth and spare parts are unobtainable from retail sources.

Dame Elizabeth should be in a position to appreciate the benefits of on-pack and similar promotional offers. Higher production levels, reduced warehousing time, bulk deliveries, rapid stock turnover with rapid replacement of invested capital, all enter the calculations which make the offer possible. In the absence of rpm, confusion over the base level is the price the consumer has to pay for those benefits. But to suggest the removal of recommended prices—artificial or not—is to take away the only universal reference point available.

Post Scripts

The day had been a difficult one—representatives too numerous, prescriptions not straightforward, and there had been a problem customer who was convinced she had been short-changed. Closing had therefore been prompt and the pharmacy left hurriedly. Even though it was raining it was good to get away.

Probably due to the hurried exit, an old and not the current *C&D* had been picked up. It was the issue giving details of the Linstead report. Re-reading confirmed the original disappointment and solace was sought in another type of literature.

"Both Sides of the Hill", the memoirs of Charles Hill, Lord Hill of Luton (Heinemann). It was an unusual coincidence, but in chapter 7, headed 1950-51, Lord Hill recounts his election campaign, and writes of an occasion when Peter Thorneycroft was billed to speak on his behalf but had to withdraw at the last moment. He writes "I appealed to my old friend Hugh Linstead, MP for Putney and secretary of the Pharmaceutical Society to help me out." He then goes on to contrast Hugh Linstead with Leslie Hore-Belisha who was so full of flights of oratory and flashes of humour.

Recalling the speech given by Sir Hugh Linstead he says "The scene was a fascinating one to watch. After the initial disappointment was over, the audience seemed to grow, as it were, into the same thoughtful mood as the speaker. Many people spoke to me afterwards of the help that the meeting had been to them. I have no doubt that what contributed most to his success was Linstead's quiet sincerity and obvious reasonableness, unknown to the audience though he was."

★ ★ ★

With entry into the Common Market imminent readers should be aware that a word in common use on the continent—"officine"—is translated as a dispensary, chemist's shop or den of shady business or thieves' kitchen, according to an old French dictionary in our possession.

Books

Predictive Toxicometrics. E. M. Boyd.

Scientechnica (Publishers) Ltd, 42 Triangle West, Bristol, BS8 1EX. 8¾ × 6in. Pp 408. £10.

The author is professor of pharmacology, Queen's University, Kingston, Ontario, Canada. His book describes the discipline concerned with techniques for predetermining the toxic nature of chemical agents in man.

It is divided into three sections: "Factorial toxicometrics", describing factors affecting the toxic response of laboratory animals to drugs and their agents; "uniposal toxicometrics", concerned with methods for estimating the toxicity of agents given as a single dose or as a series of doses repeated at short intervals and "multiposal toxicometrics", covering daily repeated administration.

Professional News

Pharmaceutical Society of Ireland

Special committee formed to assist representatives in EEC negotiations

A small committee representative of the various sections in pharmacy is to be set up by the Council of the Pharmaceutical Society of Ireland to assist representatives attending meetings of the pharmaceutical group of the EEC is Brussels. The decision was made by the Council on December 12 following a report of a recent group meeting.

Mr M. F. Walsh favoured the setting up of such an advisory group to keep the representatives informed on local matters and said he was not satisfied with the progress of the EEC talks. Some new member-country representatives, he said, had raised issues which he felt were holding back harmonisation. He urged the Irish delegation to press for early acceptance of Diplomas, subject to a one-year adaptation period and an examination in forensic medicine. Pharmacy was regarded as a liberal profession in Europe and as such it should be giving a headline to the other groups by making a gesture in relation to harmonisation of Diplomas. He suggested the advisory group should discuss these matters with the Irish delegation before the next meeting in Brussels.

Mr Walsh added that pharmacy was recognised as a profession in an Act of Parliament in the Republic. In his opinion a pharmacist became a trader when he engaged in trade. This occurred when he charged a retail price for a prescription.

The president, Mr R. J. Semple, said it would be for the advisory committee to make known its views on this and other matters to the delegates attending Brussels.

The president in Brussels

The president reported on his visit to the Drug Control Laboratory in Brussels. Set up in the 1940's, the laboratory employed 22 pharmacists and about 100 technicians. It was a privately-owned concern, independent of the State. Under the system operating there, the dispensing chemist was solely responsible for the quality of the medicines dispensed, and the excuse of having been deceived or misled by others in the event of any mishap was not admissible in law. The money to run the laboratory was collected at wholesale level.

There was a need, suggested Mr Walsh, for an independent control laboratory for pharmacy in the Republic. Now that the emphasis was on becoming more professional they should consider the establishment of such a laboratory, he said.

The president said that was also his earnest hope. Such a concern would not cut across the pharmaceutical industry. "Now that we are going into Europe the number and variety of new drugs coming into the country will increase and it is important that pharmacists should exercise control."

A report of the Practice of Pharmacy Committee suggested that pharmacists should have regular supplies of scientific information in relation to current trends and developments. Mr Tom McGuinn suggested that pharmacists be supplied with regular copies of MIMS.

Private script pricing

Arising out of the Law Committee, it was reported that the Western Health Board had terminated its contract with one particular pharmacy after it had been established that a qualified pharmacist had ceased to be employed to manage the business.

Subject to the opinion of the law adviser it was decided to institute proceedings against the proprietor of a pharmacy for breaches of the Poisons and Pharmacy Acts.

It was agreed that Mr Walsh should convene a meeting of a special committee to examine the question of the pricing of private prescriptions on a fee-only basis as obtained in the new Health Services scheme—with no on-cost element being involved.

Mr Walsh suggested that a letter be sent to the Department of Health and the Department of Finance asking for a ruling on what constitutes a medicine. He considered that a medicine could not be classified under the heading of "goods" for tax purposes. A pharmacist dispensing Health Services prescriptions on a fee-only basis was still liable for VAT and the pharmacist was subjected to many irksome restrictions.

Also arising out of the Practice of Pharmacy Committee it was recommended that pharmacists should ensure that patients understood clearly directions on prescriptions for anovulents.

It was recommended also that manufacturers should be requested to print a warning notice on each pack to the effect that if pain occurs in the chest, legs or abdomen while taking anovulents the doctor should be consulted.

The thanks of the Council were extended to Mr Hugh G. Smith who wrote forwarding a presentation copy of postage stamps currently in use in the United States in honour of Pharmacy.

Mr Michael Shannon, chairman, Post-Graduate Education Committee, submitted a list of courses in physiology and pharmacology for pharmacists in the Eastern Region to be held in the College of Pharmacy as follows: January 16-18; February 13-15; March 6-8; April 10-12 and May 8-10. The pharmacology course will deal with all major groups of drugs used in human medicine, with lectures on the physiological basis of drug action. No prior knowledge of these subjects, he stressed, is required. The lectures will be illustrated with visual aids and typescript of the material will be supplied. Fee for the lectures (from 8-10.30 pm) will be £35, returnable if sufficient support is not forthcoming. Cheques to be made payable to Post-Graduate Education Committee.

Reporting on the Health Services, Dr W. E. Boles announced that the contracting committee had appointed an executive officer, Mr George Ledwith, 51 North Road, Finglas 11 ('phone 343050) to look after pharmacists' inquiries arising out of the operation of the scheme. He advised community pharmacists, with problems, to get in touch with Mr Ledwith.

The president appealed to all licentiates and subscribers to renew their annual subscriptions without delay.

The treasurer, Mr J. E. Burrell, repeated his appeal to pharmacists who have not yet done so, to subscribe to the fund to help finance the proposed economic survey on community pharmacy without delay. The suggested sum is £5.

The following changes of address were noted: Eugene Gilsenan, MPSI, to Tinahely, co Wicklow, and Patrick J. McMahon, Association, to 34 Skreen Road, Navan Road, Dublin 7.

Mrs Mary U. Leslie (née O'Doherty), LPSI and Mrs Katherine Dullea (née O'Connell), Association, submitted marriage certificates and were granted changes of names in the register.

William Kennedy, LPSI, was restored to the register.

Enviable choice for new pharmacists

Twenty-eight newly qualified pharmacists who received their certificates from the president of the Pharmaceutical Society of Ireland, Mr R. J. Semple, at the annual conferring ceremony in the College of Pharmacy, Dublin, on December 5, were told by the president how the young pharmacist of to-day had an enviable choice of career to adopt.

Stressing the importance of post-graduate education, he said the Post-Graduate Education Committee was providing courses in every area of the country and the support accorded was most gratifying.

Appealing to the new licentiates to become involved in pharmaceutical affairs at both local and national level, he said that with the introduction of the "new look" Health Services such involvement was more important than ever. Pharmacists, he said, had a right to safeguard their economic and professional welfare and he hoped the new Pharmaceutical Union would help to achieve these legitimate objectives.

Explaining how the skills and knowledge

of the pharmacist could be used for the benefit of the public, he said the idea of a central control laboratory had particular attractions for Ireland and went on to describe how the system operates in Belgium, where, as a guest he recently attended the opening of an extension to the laboratories attached to that serviee. Ireland's relatively new pharmaceutical industry had achieved remarkable results over the past decade and was capable of further expansion. The fact that Irish pharmaeeutical products had been accepted in each of the five continents was proof of their quality and competitiveness. Referring to the need for medicines legislation, he said that aspects of the Society's proposals would be resisted by commercial interests on economic grounds.

In a tribute to hospital pharmacists he expressed the hope that Hospital Boards would ensure that funds were made available for the provision of the best pharmacy equipment and instruments, thus showing recognition of the importance of an efficient pharmacy service.

The Antigen Award for the candidate obtaining first place in pharmaceutics in the final examination for the BSe (Pharm) Degree was won by Mr Michael J. Whelan, Ard Patrick, Forster Street, Galway, who was presented with an inscribed silver mortar and pestle donated by Antigen Ltd.

The P. C. Cahill Memorial prize was also won by Mr Whelan.

Mr Patrick David M. Garahy, Enniscorthy, co Wexford, was granted an Honours degree. The following passed:

Ahearne, Henry Noel, Farranfore, co Kerry; Burke, Mary B., Youghal, co Cork; Carragher, Patrick A. J., Tullamore, co Offaly; Cavanagh, Evelyn Mary, Nenagh, co Tipperary; Chambers, Fergal V. M., 99 Ballymun Road, Dublin 9; Colleran, Patrick J. P., Charlestown, co Mayo; Conroy, Patrick, Portlaoise, Leix; Donnelly, Emily Claire, Dublin Road, Naas; French, Andrew R. T., New Ross, co Wexford; Forristal, John J., Clonakilty, co Cork; Heffernan, Mary P., Cashel, co Tipperary; Geoghegan, Jeremiah G. T. C., Barna, Galway; Houlihan, Castleconnel, co Limerick; Joy, Mary M., Clonmel, co Tipperary; Kloos, Anne-Marie, 32 Fosters Avenue, Mt Merrion; Kloos, Christl Maria, 32 Fosters Avenue, Mt. Merrion; Lenihan, Anne, Mallow, co Cork; Loughman, John Bernard, Clonmel, co Tipperary; McAdams, Margaret M., 33 Vernon Grove, Dublin 3; Mellett, Mary E. (nee Whiriskey), Spencer Park, Castlebar; Melvin, Colette A. M. M., 9 Ramleh Close, Milltown, Dublin 6; Molony, Ellen Sara, Thurles, co Tipperary; Moran, Dermot P. T., Clonmel, co Tipperary; O'Dwyer, Francis C. M., 30 Richmond Avenue, Monkstown, co Dublin; O'Loughlin, Ann (nee Cronin), 468 Wood Park, Ballinteer, Dublin 14; Power, James T., 10 Darthy Road Dublin 6; Roche, Oliver J., Dunlavin, co Wicklow.

Award to Irish Assistant

At a ceremony in the College of Pharmacy, Dublin, recently, Miss Clare Ann Feeney, Tuam, co Galway, was presented with the Irish Pharmaceuticals' Ltd prize, an award, to the best student in the Assistants' course.

Coming events

Saturday, January 6

Swansea and West Glamorgan Branch, Pharmaceutical Society, Grand Theatre. Children's Panto. Matinee performance.

Advance information

Kingston Polytechnic, School of Chemical Sciences and Technology, Penrhyn Road, Kingston-upon-Thames, KT1 2EE. Short evening courses on "Industrial chemical marketing II" (5 weeks from January 17); "Practical characterisation of finely divided solids" (8 weeks from February 13); "Patents in the chemical industry" (6 weeks from February 26). Details from the Registrar.

Letters

Irish VAT

I should like to make a final comment on a letter from Mr Dennehy of the Revenue Commisioners, Dublin (*C&D*, December 9, 1972, p870) in which is a ukase-like statement about the absolute VAT liability of pharmacists participating in the free medieines service for lower income group patients. I am surprised at the rather peremptory tone of this letter concerning the activities of one of the oldest professions here, which has striven to serve the public interest for nigh on 100 years at little cost to the public purse and that it relied on an already out-of-date regulation, not to mention attitude, to implement its policy.

I would, with respect, refer Mr Dennehy to new EEC legislation which comes into operation here when the Acts of accession to the European Community become operative on January 1, 1973. One of these will include a new definition of a medicine (Directive no 1: EEC secondary legislation: right of establishment, p87, HM Stationery Office 1972), one which happily will no longer regard even a prescribed medicine as "goods" or another mere item of commerce.

Having examined this legislation I am hopeful that new attitudes towards pharmacy as a truly professional service will emerge and that a new relationship can be developed, following the inevitable discussions with the Department of Finance and Revenue Commissioners to resolve the impasse. For the right to have prescribed medicine "zero rated" and the accompanying fees declared tax-free, pharmacists ask merely that such supply should be equated with that of a dentist and an optician who also supply medical appliances, eg dentures and spectacles, for an inclusive charge.

In the light of such prospective developments here, therefore, I see no reason to change my adviee (*C&D* November 25, p814) that pharmacists involved in the special scheme for the lower income group, should not include such medicines for VAT purposes. This recommendation is made in the public interest because, in my opinion, it is time that pharmacists, in the European Community as a whole, took up a much stronger position concerning the amount of time they should give to accounting and administration (whether paid or unpaid) at the cost of reducing the time available for advising the patient in the pharmacy.

I am confident that the strong moral support of all pharmacists would be forthcoming if such a situation ever arises here or elsewhere in the Community.

M. F. Walsh
Dublin

[Pharmacists should bear in mind that the Revenue Commissioners are charged with the task of collecting the tax, and it may be prudent to accept their interpretation until the matter is resolved at official level. EEC directives do not automatically become part of Irish law on January 1 —Editor.]

Script records

In December 2, 1972 (p 848) you report on Mr David Dalglish's method of keeping dispensing records. Under the heading "Pharmaceutical centres in the USA" I recently quoted[1] some details which Mr Eugene V. White gave to me concerning his "Family medication record". At the same time, Mr White stated his intention of launching a "Pharmacotherapy home follow-up" whereby the patient could be contacted to determine whether he was taking his medication properly, etc.

Our group practice in Hertfordshire/Essex has been interested in this system. We have gone so far as to commence keeping patient records similar to those which Mr Dalglish keeps. So far this has only been possible in a small village (Stanstead Abbotts) where the number of prescriptions dispensed is only slightly in excess of 1,000 items per month. My colleague there, Mr John Collins, has been carrying out a trial assessing the amount of time taken to set up and maintain the records. So far the trial has only been in existence for a few weeks. However, it is obvious that a time of between 30 seconds and one minute is required for the maintenance of records in connection with each prescription item.

If these figures are extrapolated to meet the requirements of our Trinity Pharmacy in Bishop's Stortford with a minimum throughput of 300 items per normal weekday, it can be seen that more than half a day of a pharmacist's time will be required to maintain the records. I say "pharmacist" advisedly since this type of record could not be maintained by unqualified staff.

We are keen, I would go so far as to say anxious, to operate this type of system since we are faced with the usual problems of a busy general dispensing practice, eg prescriptions made out by receptionists, follow-up prescriptions from hospitals, etc—I will not elaborate since readers are painfully aware of the details involved.

So far we have gone a long way to providing the type of service which we are sure the public and the medical profession need but there is a limit to the amount of subsidy which individual pharmacists can provide for the National Health Service.

Surely the time has come for the authorities to recognise this need and to provide the additional remuneration which is necessary for the facilities which are required.

[1] *Pharmaceutical Journal*, 1972, 208,127.

C. V. Hammond,
Bishops Stortford

Appreciated

In giving up my subscription to *C&D* after taking it for more than 30 years in my business, I seem to be bidding farewell to an old friend who has entertained and guided me for many years.

One man's museum

by J. Newstead MPS

As with many pharmacists, since qualifying I have been interested in pharmacy of the past and have been collecting odd items as they have turned up. A few years ago however I realised that old-established pharmacies in East Anglia were rapidly disappearing so I decided to try and assemble, as a museum, a complete pharmacy of old East Anglia in my own house.

Being a Victorian house with large rooms this presented no problem, I simply removed everything from one room, sanded, stained, and varnished the floorboards and then started on my search for shop fittings of a suitable period.

Finding old fixtures and fittings from various sources which could be altered and adjusted to form a complete layout has taken considerable time and energy, and some wasted hours and finance. One complete drug-run had to be burnt when finally brought home; it was riddled with woodworm and dry rot, and the mahogany counter had an eventful journey back from Felixstowe in the pouring rain, on the back of an open uninsured hired lorry, whose driver was stopped and cautioned for speeding.

My search has taken me all over East Anglia from Lowestoft to Downham Market, Soham to Ipswich and many places in between, to build up a composite picture of pharmacy of around 1920. Most of my "finds" have been things which were generally classed as rubbish, but which, to me, are essential parts of the whole picture, e.g., showcards and advertising material of the period, old labels, invoices, letterheads, steel-nibbed pen and ink well, etc, most of which I found under layers of dust, either in cellars or attics of shops.

Even the light fittings (cut-glass) from the retail shop of an old family wholesale business were salvaged and restored to use.

Biggest task

The biggest task has been trying to fill shelves and drawers with items of the period, and this I am still doing, although it is becoming increasingly difficult as the number of old established pharmacies with forgotten cupboards and drawers in East Anglia are getting fewer all the time.

As you will see from the photographs I have tried to keep to around 1920; everything in the museum originates from pharmacies in East Anglia and in time I will be preparing a book containing details of the history of those pharmacies from which items have been obtained.

At the moment I am inviting local pharmacists, and those interested, to view the museum by appointment. In this way I am learning more about the contents, and gathering more general information on 50 years ago in this part of the country. I also extend this invitation to anyone interested; I still have unidentified objects and preparations for which I have been unable to find a use!

Although the museum now has the appearance of a pharmacy, I anticipate that it will take at least another two years to get a properly fitted and stocked chemist shop of the 1920s.

Two views of the "museum"—a complete pharmacy of old East Anglia being constructed in the home of Mr J. Newstead MPS at 195A Wroxham Road, Sprowston, Norwich

Flavours past and present

by G. R. A. Short, FPS, FLS

The author delivered the second W. R. Littlejohn memorial lecture to the British Society of Flavourists last month. The following is an abstract of his address.

There can be no doubt that the first natural flavouring materials to be employed by man would have been spices which in addition to their flavours were considered to have a preservative effect upon the foods in which they were used. Cassia has been known from very early times, being mentioned in Chinese herbals as early as 2700 BC. Such is the confusion in early writings between cassia and cinnamon that no authentic record of cinnamon having its origin in Ceylon can be found until 1275 AD when an Arab writer referred to it as a product of that island.

Among other early known spices as well as herbs are turmani, turmeric, ginger cardamon, coriander calamus, anise and cumin, nutmeg and mace, saffron, thyme, mint and marjoram.

The ancient Greeks and Romans imported Eastern spices for use in the kitchen, these included pepper, cassia, cinnamon, ginger and aniseed. Caraway was used in bread, fennel for flavouring vinegar, coriander in wine and mint in sauces.

In 13th century England mace was costing 4s 7d lb, ginger 1s 6d, pepper 1s, cassia 10d and cumin 2d. In the reign of Edward I anise was taxed to assist in raising funds for repairs to London Bridge. In 1345 a new Guild of Pepperers was formed in London and at this time cassia buds were selling at 8s to 13s lb and pepper at 2s.

Dutch monopoly

About the middle of the 18th century steps were taken by the French and British to break a monopoly of spice production held by the Dutch at that time. The French introduced cloves, nutmeg and cinnamon plants into the islands of Réunion, Mauritius, the Seychelles and French Guiana. In 1788 the British occupied Penang and a few years later transplanted clove trees there and in 1818 the clove tree was introduced from Mauritius to Zanzibar. Similarly nutmegs were introduced into the West Indies.

Saffron in spite of its high price is still used to a limited extent today in Cornish saffron cakes and in the older types of barley sugar. It was grown around Saffron Walden and Cambridge until the beginning of the 18th century. Saffron Hill, in London which was formerly a part of Ely House garden owes its name to the saffron grown in that garden.

It is now well known that spices and herbs are often quite heavily contaminated with bacteria and mould spores, which is not surprising when one considers the primitive conditions under which they are grown, harvested and prepared for market. Although fumigation can be used to "sterilise" spices, such treatment is troublesome and may tend to affect the flavour adversely and in any case the effect is only to reduce the count.

Overcoming contamination

The problem of contamination is best solved by the use of a combination of the volatile oils and extracts or oleo-resins of the raw materials, for the processes involved in the preparation of these oils and extracts must result in the destruction of all micro-organisms. In view of the wide variations which occur in strength and character of spices and herbs due to country of origin climatic and soil conditions and methods of drying, the use of volatile oils and extracts provide an excellent means of standardisation, especially when these are blended together and distributed on a base such as salt or a sugar which will be relatively free from micro-organisms.

Among the natural products used in flavours, volatile oils are probably the most important.

As all are aware the citrus oils are too delicate to be subjected to the high temperature and moisture of steam distillation; so it is necessary to separate them from the fruit peels by cold expression. Formerly this was accomplished by hand methods before machines were developed to do the job.

Of the citrus products lime oil and juice are the exceptions. While a certain amount of cold pressed lime oil is produced its high price and close similarity to lemon oil militates against its extensive use in flavours. Large quantities of limes are processed in the West Indies and elsewhere by crushing the whole green fruit with rollers or in screw presses and allowing the mixture of juice and oil to stand in vats or tanks for 2 or 3 weeks after which the so-called racked juice is drawn off and filtered, this product constituting the refined lime juice of commerce. The "top pulp" remaining in the vats is then steam distilled and the oil separated from the distillate. During the standing period and the steam distillation the action of the acid juice has a marked influence on the composition of the oil, this is shown by the considerable reduction in the aldehyde and ester contents, and also by the change in flavour and odour.

Cold pressed bergamot oil finds its main application in perfumery but small quantities are used to modify the flavour of other citrus oils. It is also employed as an ingredient in some tobacco and tea flavours. Some essential oils are improved by rectification, peppermint oil is a typical example.

Solid extracts of the roots of sarsaparilla, dandelion, liquorice and burdock are prepared by boiling with water, filtering and removing the water by evaporation in open pans or *in vacuo*. A number of natural materials lend themselves to the production of so-called oleo-resins which are actually semi-solid or viscous extracts prepared by percolation with a volatile solvent such as alcohol or acetone. When extraction is complete the volatile solvent is removed leaving an extract in a convenient form for blending into essences.

One of the most important plant products used in the essence industry is undoubtedly vanilla. It is a well known fact that an alcoholic essence or extract of vanilla improves on storage. It is therefore customary to keep such products for at least 3 months before dispatch.

Soft and stone fruits form the basis of many useful flavours. I remember when I first entered the industry that we had a busy time during the soft fruit season, pulping raspberries, strawberries and blackcurrants into large wooden vats and then covering them with spirit. We also pressed a considerable tonnage of fruits and concentrated the juice in enamelled stills provided with a reciprocating vacuum pump. In the course of time this plant was replaced by stainless steel stills and a steam-injector pump, the resulting concentrated juices were of greatly improved flavour, quality and colour. We were also able to recover the esters from the distillates and to add these back to the concentrates. We were then able to use these directly as ingredients in compounded flavours, thus avoiding the expensive maceration in spirit.

Bitters are a class of flavouring materials used mainly in the beverage trades and more recently in sugar confectionery. The most important bitters are quinine, cinchona bark extract, chiretta, andrographis, cusparia, gentian and quassia.

Synthetic aromatics

It was not until the latter half of the 19th century that flavourists began to realise the possibilities of synthetic aromatics which because of their great flavour strength could be used to increase the effectiveness of some natural materials. It is evident from a study of the chapter headed Artificial Fruit Essences in *Pharmaceutical Formulas*, dated 1919, that even then comparatively few synthetics were available for commercial use. This book includes a table by Kletzinski compiled in 1866 giving formulas for compounding 15 fruit flavours from 14 synthetics . . . we have made considerable advances since the publication of these recipes.

Secrecy is rapidly becoming a thing of the past with advances in gas chromatography, mass spectrometry and other physical and chemical methods of analysis. Although workers all over the world have been and are still investigating the composition of the volatiles from our fruits, vegetables and other foods we are bound to agree with a comment made by "Bill" Littlejohn in 1954 who said "It has to be admitted that a flavour compounded on the basis of published data is still a long way from being an exact reproduction of the fruit".

Market News

TRAGACANTH RISE

London, December 22: The market for crude drugs has never been renowned for active trading during the week before Christmas (nor for that matter during the week after) and this year has proved no exception. With little business being transacted prices were not tested. However, there was a sharp rise in tragacanth from the No. 1 advancing £85 cert. The best grades of benzoin were also dearer. Arvenatic seeds have had a disappointing season whilst pepper and Nigerian split ginger were firmer for shipment. Gentian root and Cape aloes have again started to move up in price. Peruvian silver grey cochineal and Quillaia bark were nominal.

Brazil was offering bris de rose oil again after an absence of several weeks. Peppermint from that source was marginally dearer. Lemongrass was being offered on the spot at the same level as cif quotations.

Crude drugs

Aconite: Spot £1,125 metric ton; £1,000, cif.
Agar: (lb) Kobe not quoted; European £0·73.
Aloes: (metric ton) Cape primes £360 spot; £335, cif. Curacao £730 spot; £660, cif.
Benzoin: BPC £42 to £48 cwt spot; £40-£45, cif.
Cochineal: Tenerife black-brilliant £7 kg spot; £6·85, cif. Peruvian silver grey £6·75 spot nominal; £6·55, cif.
Gentian: Root £510 metric ton spot; £495, cif.
Ginger: (ton) Cochin, new crop £245, cif. Jamaican not quoted. Nigerian split £220 spot and cif. peeled £320 spot; £315, cif. Sierra Leone, new crop £310, cif.
Gums: Acacia: Kordofan cleaned sorts £305 metric ton spot, £280, cif. **Karaya:** No. 2 faq £22 cwt. spot. **Tragacanth:** (cwt) No. 1 spot £385, No. 2 £340.
Henbane: Niger spot £500 metric ton; £485, cif.
Menthol: (kg) Chinese spot £6·50; shipment £5·85, cif. Brazilian spot £3·90; shipment £3·77½, cif. (Jan-March).
Nutmeg: (Per ton, cif). Grenada: 80's £715; sound unassorted £600, defectives £515, all cif.
Nux vomica: Shipment £100 metric ton, cif.
Pepper: (ton) Sarawak black £390 spot; £375, cif; white £580; £545, cif.
Quillaia: £750 metric ton nominal.
Senna: (lb) Tinnevelly No. 3 faq leaves £0·06½; pods, hand-picked £0·11; manufacturing £0·8½; Alexandria h/p £0·52 ex wharf manufacturing £0·26 nominal.
Waxes: (ton) **Bees:** Australian £640, cif. **Candella** £570 on spot; £545 cif. **Carnauba** prime yellow, spot £700; £645, cif; fatty grey £405 and £355, cif.

Essential and expressed oils

Amber: Rectified spot £0·29 kg.
Almond: Drum lots £0·61 kg.
Bergamot: £9·35-£14 kg as to grade.
Birch tar: Rectified £2·53 kg.
Bois de rose: £4·50 kg, spot; £4·10, cif.
Lemongrass: £2·50 spot and cif.
Peppermint: (per kg) Arvensis Chinese, spot £3·00; £2·70, cif. Brazilian £1·70 spot; Jan-Feb £1·67, cif. American piperata from £1·60.

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Applications with full particulars naming two referees to the Chief Pharmacist.

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Applications are invited for the post of Senior Pharmacist in this General Teaching Hospital, Whitley Council Salary and Conditions of Service.
Apply stating age, qualifications, experience and the names of two referees, to the Personnel Office, Royal Infirmary, P.O. Box 72, Dundee DD1 9ND within 10 days.

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Price Service

Cumulative amendments to December Quarterly Price List

ree simple rules for rapid price checking.
First look under 'This week's changes.' *If the price is not listed*... **2.** Check cumulative section. *If the price is not listed*... **3.** Refer to the last main ce list. *The price is still correct.*

ade prices are given per unit unless otherwise stated. Bold upright figures **14)** in the retail column indicate the price is subject to resale price intenance. Italic figures *(0·14)* is manufacturer's recommended price. ht upright (0·14) is a suggested guide. *a*=Price advanced. *r*=Price uced. ●=New entry. *d*=Delete. *c*=Correction. *i*=Insert.

		Trade £.p	Tax £.p	Retail £.p
7 (1335 Wigglesworth)				
ntment	jar	1.21dz	0.30dz	*0.18* †
APTOPLAST (399 CG)				
essings				
mini-grip pocket pack				
	M295	0.89dz	.. ..	*0.11*
100 pieces assorted				
	M284	0.53	.. ..	*0.75*
150 pieces 3.8cm x 1.9cm				
	M304S	0.33	.. ..	*0.46½*
150 pieces 6.2cm x 1.9cm				
	M304M	0.50	.. ..	*0.71*
150 pieces 7.5cm x 1.9cm				
	M304L	0.59	.. ..	*0.83*
150 pieces assorted				
island dressings				
	M304	0.50	.. ..	*0.71*
75 pieces assorted				
	M96	0.59	.. ..	*0.83*
100 pieces 6.2cm x 2.2cm				
	M98	0.47	.. ..	*0.66*
100 pieces 7.5cm x 1.9cm				
	M99	0.47	.. ..	*0.66*
125 pieces assorted				
	M95	0.68	.. ..	*0.95*
150 pieces 3.8cm x 1.9cm				
	M97	0.51	.. ..	*0.71*
strip dressings				
4cm x 1m	M271	1.45dz	.. ..	*0.18*
5cm x 1m	M305	1.58dz	.. ..	*0.19½*
6cm x 1m	M272	1.79dz	.. ..	*0.22½*
6cm x 5m	M268	8.89dz	.. ..	*1.11*
7.5cm x 1m	M273	2.07dz	.. ..	*0.26*
polythene dressing pack				
	M371	1.43dz	.. ..	*0.17*
washable plastic dressings				
mini-grip pocket pack				
	M296	0.89dz	.. ..	*0.11*
tin assorted	M207	0.52	.. ..	*0.75*
PTOPRUF (339 CG)				
stic adhesive strapping B.P.C.				
2.5cm x 5m	M205	1.78dz	.. ..	*0.22*
5cm x 5m	M205	2.86dz	.. ..	*0.36*
7.5cm x 5m	M205	3.82dz	.. ..	*0.48*
UNE-MONO (179 BDH)				
onovalent influenza vaccine				
	ampoule 1 ml	0.70		
	multidose vial 10 ml	5.83		
ON (339 CG)				
tton wool hospital quality				
	25 g	0.48dz	.. ..	*0.06*
	100 g	1.22dz	.. ..	*0.15*
	500 g	4.87dz	.. ..	*0.60½*
paper wrapped	500 g	4.56dz	.. ..	*0.57*
OLENE (823 M&R)				
scented cleansing cream				
	99 g	2.28dz	0.49dz	*0.35*
	1 lb	4.80dz	1.20dz	*0.70*
ONAL (29 Alfonal)				
sting entry				*d*
MI (105 BTD)				
ting lotion		1.535dz	0.385dz	*0.20*

		Trade £.p	Tax £.p	Retail £.p
ANDRE PHILIPPE (48 AP)				
existing entry				*d*
ANDRE PHILIPPE (48 AP)				*i*
after shave lotion	103	2.40dz	0.60dz	*0.35*
bath essence pine	9	3.00dz	0.75dz	*0.45*
bubble bath				
bubble bottle	25	2.05dz	0.512dz	*0.30*
candlestick	7	2.74dz	0.685dz	*0.40*
cocktail shaker	15	6.80dz	1.70dz	*0.99*
continental	35	6.60dz	1.65dz	*0.97*
decanter	8	5.10dz	1.27dz	*0.75*
dimple	2	0.80dz	0.20dz	*0.12*
dolly bird	12	2.40dz	0.60dz	*0.35*
piggy bank	21	2.40dz	0.60dz	*0.35*
ring bottle	28	2.05dz	0.512dz	*0.30*
slim diamond	14	3.80dz	0.55dz	*0.55*
soldier boy	10	2.40dz	0.60dz	*0.35*
swan dimple	3	2.05dz	0.512dz	*0.30*
baby	1	0.80dz	0.20dz	*0.12*
twist bottle	6	1.36dz	0.34dz	*0.20*
unicorn	16	6.80dz	1.70dz	*0.99*
cold cream	17	1.96dz	0.49dz	*0.29*
Cologne				
bubble bottle	38	2.05dz	0.512dz	*0.30*
cocktail shaker	19	6.80dz	1.70dz	*0.99*
dimple bottle	37	0.80dz	0.20dz	*0.12*
ring bottle	29	2.05dz	0.512dz	*0.30*
slim diamond	24	3.80dz	0.55dz	*0.55*
swan dimple	23	2.05dz	0.512dz	*0.30*
baby	36	0.80dz	0.20dz	*0.12*
twist bottle	27	1.36dz	0.34dz	*0.20*
unicorn	18	6.80dz	1.70dz	*0.99*
shampoo				
beer, egg & lemon, herb, lanolin	32	1.05dz	0.262dz	*0.15*
medicated	20	2.50dz	0.625dz	*0.36*
soap guest ovals (6)	31	2.50dz	0.625dz	*0.35*
sun tan oil	5	1.75dz	0.437dz	*0.25*
toilet water decanter	26	5.10dz	1.27dz	*0.75*
hand cream, lemon, bouquet	4	1.12dz	0.28dz	*0.16*
ANESTAN (325 C-A)				
H. F. capsules	8 and 24			*d*
ANGEL FACE (256 CPL)				
Pretty Naturals				
cream blusher		3.31dz	0.83dz	*0.45*
lipstick		2.32dz	0.58dz	*0.32*
make-up mousse		2.64dz	0.66dz	*0.36*
ANZORA (325 C-A)				
entire entry				*d*
ASSOCIATED HEALTH FOODS (70 AHF)				
Lin-O-Saf safflower oil				
	½ pt	1.74dz	.. ..	*0.19½*
	1 pt	2.96dz	.. ..	*0.33*
	1 gal	1.79	.. ..	*2.39*
Maizy biscuits plain				
or ginger	7 oz	1.32dz	.. ..	*0.14*
cheese spread		2.61 (2 dz)	.. ..	*0.14½*
corn oil	1 pt	2.66dz	.. ..	*0.29½*
	1 qt	5.15dz	.. ..	*0.57*
	1 gal	1.59	.. ..	*2.12*
with alphium	1 pt	2.72dz	.. ..	*0.30*

		Trade £.p	Tax £.p	Retail £.p
Snow Queen instant skimmed milk				
	1 lb	5.79 (2 dz)	.. ..	*0.32*
Sun-O-Life				
sunflower seed oil				
	½ pt	1.38dz	.. ..	*0.15½*
	1 pt	2.27dz	.. ..	*0.25*
	1 qt	4.38dz	.. ..	*0.49*
	1 gal	1.34	.. ..	*1.78*
Triad oil	92 cc	5.44 (2 dz)	.. ..	*0.34*
Yeasty savoury spread		4.98 (2 dz)	.. ..	*0.28*
BABYNOS (359 DDD)				
elixir	100 ml			*d*
BACCHUS (301 Coty)				
eau de toilette atomiser		1.26	0.315	*2.25*
shaving cream	112 g	0.56	0.14	*1.00*
BALMOSA (972 Pharmax)				
tube	20 g	1.09dz	0.28dz	0.15
	40 g	1.57dz	0.40dz	0.21
	500 g	0.65	.. ..	0.86½
BAROSIL (1335 Wigglesworth)				
	50 g	1.65dz	0.41dz	*0.24*
BEECHAM'S (104 BP)				
powders				
+ hot lemon	5	1.365dz	0.345dz	0.17½
	10	2.65dz	0.665dz	0.34
	pack of 6			*d*
headache tablets (Midland TV area only)				
	18	1.48dz	0.37dz	0.19
	50	3.815dz	0.955dz	0.49
BENZAC (1335 Wigglesworth)				
pastilles	50 g	1.05dz	.. ..	*0.13* †
tablets	15	1.06dz	0.265dz	*0.15* †
	40	1.76dz	0.44dz	*0.25* †
BEOGEX (972 Pharmax)				
suppositories adult				
	dp 60	0.78	.. ..	*1.04*
paediatric	dp 60	0.59	.. ..	*0.79*
BERKDOPA (117 BPL)				
tablets 500 mg	100	3.02		†s4I
	500	14.76		†s4I
BETADINE (878 Napp)				
gargle and mouthwash				
	200 ml	0.35		
BIFACTON (917 Organon)				
existing entry				*d*
BIOVITAL (1023 Radiol)				
tablets	60	0.46	.. ..	0.69
BODY MIST (105 BTD)				
antiperspirant aerosol				
	standard	2.605dz	0.655dz	*0.34*
	economy	3.295dz	0.825dz	*0.43*
squeeze pack		1.685dz	0.425dz	*0.22*
BRETYLATE (208 BW)				
ampoules 100mg/2ml				
	20	20.00		
BRICANYL (68 Astra)				
inhaler		1.60		
tablets	500	7.00		

Halas

CROWES **CREMINE** THE MAKE-UP REMOVER

STOCK UP NOW

NOW ADVERTISED IN WOMAN'S JOURNAL, 19, WOMAN'S OWN AND STAGE

A product of HALAS LABORATORIES LIMITED, Thorp Arch Trading Estate, Wetherby, Yorkshire (Boston Spa 842695)

		Trade £.p	Tax £.p	Retail £.p
BRISTOW'S (105 BTD)				
Alpine Spring				
foam bath (Southern TV area)		3.755dz	0.94dz	*0.49*
shampoo and				
conditioner	standard	1.61dz	0.405dz	*0.21*
Free and Lovely shampoo				
	standard	1.075dz	0.27dz	*0.14*
BRONCHOLAN (1251 TTC)				
ointment	50 g	0.26	.. ..	*0.39*
BRONNLEY (194 Bronnley)				
after bath Cologne	0733	.. ..	.. ..	*0.17*
	0738	.. ..	.. ..	*0.58*
baby lotion	0270	.. ..	.. ..	*0.27*
powder	0277	.. ..	.. ..	*0.22*
soap	0132	.. ..	.. ..	*0.20*
bath crystals	0402	.. ..	.. ..	*1.10*
	0438	.. ..	.. ..	*0.60*
essence pine	0928	.. ..	.. ..	*0.65*
bubble bath oil	0723	.. ..	.. ..	*0.17*
	0725	.. ..	.. ..	*0.44*
	0728	.. ..	.. ..	*0.62*
country herb bubble bath				
	0148	.. ..	.. ..	*0.55*
talcum powder				
	0147	.. ..	.. ..	*0.35*
hand and body lotion				
	0703	.. ..	.. ..	*0.17*
	0705	.. ..	.. ..	*0.37*
	0708	.. ..	.. ..	*0.50*
Happy Hands	6408	.. ..	.. ..	*0.32*
bath day	6409	.. ..	.. ..	*0.32*
lemon day	0040	.. ..	.. ..	*0.35*
lemon bathday	0041	.. ..	.. ..	*0.35*
pat-on-powder	0110	.. ..	.. ..	*0.60*
Pot Pourri	0037	.. ..	.. ..	*1.30*
soap				
bath ball	0108	.. ..	.. ..	*0.70*
eggs (12)	0107	.. ..	.. ..	*0.30*
fruit punnets	0633	.. ..	.. ..	*0.18*
lemon toilet	6122	.. ..	.. ..	*0.18*
soap on a rope				
	6136	.. ..	.. ..	*0.46*
bath	0613	.. ..	.. ..	*0.29*
jumbo on a rope				
	0619	.. ..	.. ..	*0.60*
orange toilet	0603	.. ..	.. ..	*0.18*
pre-make up				
	0523/0521	.. ..	.. ..	*0.17*
rainbow	0649	.. ..	.. ..	*0.15*
seashell guest				
	0435	.. ..	.. ..	*0.55*
sponge	0109	.. ..	.. ..	*0.50*
turtle oil				
toilet	0642	.. ..	.. ..	*0.15*
bath	0643	.. ..	.. ..	*0.23*
visitors	0641	.. ..	.. ..	*0.10*
talcum powder	0713	.. ..	.. ..	*0.17*
	0715	.. ..	.. ..	*0.28*
	0718	.. ..	.. ..	*0.40*
BRYLCREEM (105 BTD)				
hairdressing				
tub	standard	1.225dz	0.31dz	*0.16*
	medium	1.84dz	0.46dz	*0.24*
	large	2.605dz	0.655dz	*0.34*
	tube	1.305dz	0.33dz	*0.17*
BUFFERIN (171 BLL)				
tablets	36			*d*
CANDOL (1335 Wigglesworth)				
coltsfoot bronchials	35	0.88dz	0.22dz	*0.13*
		1.09dz	0.27dz	0.16
C.B.'s (1335 Wigglesworth)				
	70	1.38dz	0.345dz	*0.20*
CEPHOS (104 BP)				
tablets		1.325dz	0.335dz	0.17
CHARLES PERRY (960 Perry)				
cosmetic lotion	145 cc	.. ..	.. ..	*0.49*
cucumber astringent				
	145 cc	.. ..	.. ..	*0.49*
deep cleansing cream, almond				
	145 cc	.. ..	.. ..	*0.49*
lemon				
	145 cc	.. ..	.. ..	*0.49*
honey and avocado cream				
	145 cc	.. ..	.. ..	*0.49*
honey and herbs shampoo				
	145 cc	.. ..	.. ..	*0.39*
honey beauty balm				
	95 cc	.. ..	.. ..	*0.59*
Indian elm foundation				
	95 cc	.. ..	.. ..	*0.59*
marshmallow skin tonic				
	145 cc	.. ..	.. ..	*0.49*
plant oil conditioning rinse				
	145 cc	.. ..	.. ..	*0.39*
sunflower tissue oil				
	95 cc	.. ..	.. ..	*0.59*
vitamin hair tonic				
	145 cc	.. ..	.. ..	*0.49*
Wheatgerm beauty balm				
	95 cc	.. ..	.. ..	*0.59*
beauty mask				
	95 cc	.. ..	.. ..	*0.59*
for men				
after shave lotion				
	145 cc	.. ..	.. ..	*0.49*
hair cream	145 cc	.. ..	.. ..	*0.49*

		Trade £.p	Tax £.p	Retail £.p
CHIRON (387 DBMP)				
barrier cream	tube	0.24		
disposable ileo-colostomy bags				
12 x 4in	10	0.36		
12 x 5in	10	0.39		
reinforced				
12 x 4in	10	0.39		
12 x 5in	10	0.45		
9 x 5in	10	0.50		
double sided plasters				
3½x 3½in	10	0.24		
4 x 4in	10	0.28		
5 x 5in	10	0.45		
6 x 6in	10	0.50		
CHIRONPLAST (387 DBMP)				
adhesive strapping				
½inx 2½yd	10	0.07		
1in x 5yd	10	0.14		
2in x 5yd	10	0.20		
3in x 5yd	10	0.25		
4in x 5yd	10	0.29		
CHIRONSEAL (387 DBMP)				
existing entry				*d*
CHIRONSEAL (387 DBMP)				*i*
clearseal colostomy bags				
12 x 4in	10	0.41		
12 x 5in	10	0.44		
9 x 5in	10	0.44		
12 x 6in	10	0.60		
disposable ileo-colostomy bags				
12 x 4in	10 83.002	0.41		
12 x 5in	10 83.004	0.44		
9 x 5in	10 83.006	0.44		
12 x 6in	10 83.008	0.60		
12 x 8in	10 83.010	0.65		
12 x 10in	10 83.012	0.70		
reinforced				
12 x 4in	10	0.44		
12 x 5in	10	0.50		
9 x 5in	10	0.55		
CODIS (1037 Reckitt)				
tablets	dp 500	1.80	.. ..	2.25 †DDI
COLOMYCIN (972 Pharmax)				
injection 500,000 units				
	10	40.88dz	.. ..	*4.55* TS
1,000,000 units				
	10	59.03dz	.. ..	*6.56* TS
sulphate				
(sterile powder)	1 g	3.80	.. ..	*5.07* TS
	5 g	19.15	.. ..	*25.53* TS
COMFORT (325 C-A)				
entire entry				*d*
COOL (105 BTD)				
antiperspirant deodorant				
aerosol	standard	2.605dz	0.655dz	*0.34*
	economy	3.295dz	0.825dz	*0.43*
roll-on		2.30dz	0.575dz	*0.30*
refill		1.915dz	0.48dz	*0.25*
COOL FOOT (105 BTD)				
deodorant foot freshener				
aerosol		3.065dz	0.77dz	*0.40*
CORTISONE-KEMICETINE (227 Erba)				
dermatological ointment				
	3 g			*d*
forte	5 g			*d*
COUNTESS (105 BTD)				
hair conditioning cream				
	30 g	1.305dz	0.33dz	*0.17*
CREST (1218 Tellercrest)				
entire entry				*d*
CRINAGEN (972 Pharmax)				
ointment	500 g	1.03	.. ..	*1.38*
CUSSONS (338 Cussons)				
after shave	small	1.299dz	0.321dz	*0.18*
	large	2.165dz	0.535dz	*0.30*
babybird talcum powder		2.31dz	0.57dz	*0.32*
hair cream		1.155dz	0.285dz	*0.16*
Imperial Leather				
hair cream				*d*
CUTEX (256 CPL)				
hand cream		1.98dz	0.49dz	*0.27*
CUXSON GERRARD (339 CG)				
bandages W.O.W. B.P.C.				
2.5cm x 5m		0.34dz	.. ..	*0.04½*
5cm x 5m		0.58dz	.. ..	*0.07½*
7.5cm x 5m		0.83dz	.. ..	*0.10½*
10cm x 5m		1.08dz	.. ..	*0.13½*
cellulose tissue B.P.C.				
	500 g	0.36	.. ..	*0.54*
wadding B.P.C.				
	500 g	0.23	.. ..	*0.34½*
cotton wool B.P.C.	25 g	0.54dz	.. ..	*0.07*
	100 g	1.53dz	.. ..	*0.19*
	500 g	6.27dz	.. ..	*0.78*
paper wrapped	15 g	0.49dz	.. ..	*0.06*
	500 g	6.00dz	.. ..	*0.75*
sterile	15 g	5.66	.. ..	*0.06*
		(1 gross)		
crepe bandages B.P.C.				
	5 cm	1.26dz		
	6.25 cm	1.58dz		
	7.5 cm	1.80dz		
	10 cm	2.42dz		
	15 cm	3.57dz		
gauze B.P.C. carton (90 cm)				
	1 m	1.05dz	.. ..	*0.13½*
	3 m	2.22dz	.. ..	*0.27½*
	5 m	3.33dz	.. ..	*0.42*
	10 m	6.47dz	.. ..	*0.81*

		Trade £.p	Tax £.p	Retail £.p
not sterile	25 m	1.30	.. ..	*1.65*
	50 m	2.57	.. ..	*3.20*
	100 m	5.10	.. ..	*6.40*
gauze and cotton tissue				
B.P.C.	500 g	0.63	.. ..	*0.94*
Drug Tariff No. 4				
	500 g	0.54	.. ..	*0.81*
gauze pads (swabs) B.P.C.				
8 ply 7.5cm x 7.5cm				
	5	0.50dz	.. ..	*0.06*
7.5cm x 7.5cm				
	100	0.38		
10cm x 10cm				
	100	0.59		
12 ply 10cm x 10cm				
	100	0.82		
16 ply 5cm x 5cm				
	100	0.33		
7.5cm x 7.5cm				
	100	0.50		
lint absorbent B.P.C.				
	25 g	0.83dz	.. ..	*0.10½*
	100 g	2.71dz	.. ..	*0.33*
	500 g	12.36dz	.. ..	*1.55*
paper wrapped	15 g	0.68dz	.. ..	*0.08½*
sterile	15 g	8.47	.. ..	*0.09*
		(1 gross)		
lint, boric acid B.P.C. 1963				
paper wrapped	25 g	0.85dz	.. ..	*0.10½*
	100 g	2.88dz	.. ..	*0.36*
multiple pack dressings				
	No.1	3.24dz	.. ..	*0.40*
	No.2	6.30dz	.. ..	*0.78*
rigid porons belladonna plasters				
B.P.C. 19cm x 12.5cm				
		0.67dz	.. ..	*0.08*
28cm x 17.5cm				
red flannelette				
19cm x 12.5cm		0.99dz	.. ..	*0.12*
28cm x 17.5cm		1.99dz	.. ..	*0.25*
rigid zinc oxide plaster B.P.C.				
1.25cm x 1m		0.42dz	.. ..	*0.05*
2.5 cm x 1m		0.57dz	.. ..	*0.07*
1.25cm x 3m		0.83dz	.. ..	*0.10½*
2.5 cm x 3m		1.15dz	.. ..	*0.14½*
1.25cm x 5m		1.27dz	.. ..	*0.16*
2.5 cm x 5m		1.85dz	.. ..	*0.23*
5cm x 5m		3.12dz	.. ..	*0.39*
7.5 cm x 5m		4.25dz	.. ..	*0.63*
1.25cm x 10m		1.80dz	.. ..	*0.22½*
2.5 cm x 10m		2.81dz	.. ..	*0.35*
5cm x 10m		4.49dz	.. ..	*0.56*
7.5 cm x 10m		6.34dz	.. ..	*0.79*
standard wound dressings				
B.P.C. 1963				
	No.3 small	0.35dz	.. ..	*0.04*
	No.4 medium	0.49dz	.. ..	*0.06*
triangular bandages B.P.C.				
90cm x 127cm		1.42dz	.. ..	*0.18*
95cm x 134cm		1.55dz	.. ..	*0.19½*
white wool felt				
45cm x 90cm				
semi-compressed				
thin	5 mm	2.25		
medium	7 mm	2.85		
thick	10 mm	3.65		
soft thin	5 mm	1.92		
medium	7 mm	2.60		
Cycloserine (678 Kabi)				
(distributors 1545 Vestric)				
entire entry				*d*
DACTIL (824 MCP)				
tablets	500			*d*
with phenobarbitone				
	50			*d*
D. D. D. (359 DDD)				
(distributors 366 Dendron)				
balm economy tube				*d*
DERBAC (1221 Windsor)				
comb		2.70dz	0.66dz	*0.40*
liquid		1.80dz	.. ..	*0.23*
liquid		1.80dz	.. ..	*0.23*
soap		1.01dz	0.25dz	*0.15*
DESERT FLOWER (1131 Shulton)				
hand and body lotion		2.28dz	0.56dz	*0.34*
perfumed Cologne		5.37dz	1.31dz	*0.80*
talcum powder		2.19dz	0.53dz	*0.33*
DIBOTIN (1599 Winthrop)				
existing entry for capsules				*d*
DIBOTIN SA (1599 Winthrop)				*i*
capsules 50 mg	50	1.25		†s4l
	500	12.19		†s4l
DISPRIN (1037 Reckitt)				
tablets	28	1.52dz	0.349dz	0.20
pack of 26				*d*
DOCTEUR PIERRE'S (1407 Jaccaz)				
eau dentifrice	57 cc	2.48dz	0.62dz	*0.37*
	114 cc	4.45dz	1.11dz	*0.67*
	170 cc	6.30dz	1.57dz	*0.94*
toothpaste	tube	2.64dz	0.66dz	*0.40*
DUNHILL (1377 R&A)				
after shave lotion	2 oz	0.39	0.10	*0.75*
	4 oz	0.68	0.17	*1.30*
	8 oz	1.30	0.225	*2.50*
after sport Cologne	8 oz	1.56	0.39	*3.00*
Cologne for men	2 oz	0.57	0.14	*1.10*
	4 oz	0.96	0.24	*1.85*
	8 oz	1.72	0.43	*3.30*
deodorant aerosol		0.39	0.10	*0.75*
hair cream		0.29	0.07	*0.55*

		Trade £.p	Tax £.p	Retail £.p	
pre-shave lotion	2 oz	0.39	0.10	*0.75*	
	4 oz	0.68	0.17	*1.30*	
shaving foam aerosol		0.42	0.105	*0.80*	
shaving lather tube		0.26	0.065	*0.50*	
smokers dental cream		0.23	0.06	*0.45*	
soap (1)		0.20	0.05	*0.38*	
talc for men		0.29	0.07	*0.55*	
JOBAN 50 (339 CG)					
stretch bandage					
	5 cm	1.18dz			
	7.5 cm	1.69dz			
	10 cm	2.20dz			
	15 cm	3.23dz			
CORTELAN (518 Glaxo)					
lotion ½%	20 ml				*d*
FICO (972 Pharmax)					
	250 ml	1.92dz	0.48dz	0.28	†
	2 l	1.05	.. ..	1.40	†
D-SED (972 Pharmax)					
tablets	50	4.08dz	.. ..	0.51	†s4B
	250	1.62	.. ..	2.43	†s4B
INSTAR (775 Longdon)					
existing entry					*d*
INSTAR (775 Longdon)					*i*
surgical hosiery					
seamless fine thread					
anklets	pr	0.90			
kneecaps	pr	0.90			
leggings	pr	0.90			
stockings					
above knee	pr	2.30			
below knee	pr	1.46			
thigh length		3.10			
extra long		3.38			
extra long		3.38			
seamless stout thread					
anklets	pr	0.90			
leggings	pr	0.90			
stockings					
above knee	pr	2.30			
below knee	pr	1.46			
thigh length	pr	2.88			
extra long	pr	3.16			
OFORM (1335 Wigglesworth)					
mouth bath	230 ml	2.97dz	0.74dz	*0.43*	
PROTE (840 EMF)					
	1 lb	3.78dz	.. ..	*0.42*	
DOCIL (1419 Intec)					
foundation cream	30 g	3.432dz	0.858dz	*0.50*	
hand care	30 g	2.748dz	0.687dz	*0.40*	
moisturising lotion	28 g	3.432dz	0.858dz	*0.50*	
	60 g	6.168dz	1.542dz	*0.90*	
skin cleanser	150 cc	5.148dz	1.287dz	*0.75*	
skin tonic	150 cc	5.148dz	1.287dz	*0.75*	
treatment cream	30 g	3.432dz	0.858dz	*0.50*	
	75 g	6.852dz	1.713dz	*1.00*	
ERGOVITAL (1251 TTC)					
royal jelly tablets	10	0.40	.. ..	*0.60*	
ERJOIDS (1335 Wigglesworth)					
	120	1.64dz	.. ..	*0.21*	
HAZONE (325 C-A)					
entire entry					*d*
UATONE (301 Coty)					
luobase moisturizer		2.10	0.525	*3.75*	
luocreme	56 g	2.66	0.665	*4.75*	
	96 g	4.48	1.12	*8.00*	
ye wrinkle stick		0.98	0.245	*1.75*	
elf-timing mask		1.344	0.336	*2.40*	
KACEF (1153 SKF)					
apsules 250 mg	20	2.81			TS
	100	13.50			TS
500 mg	20	5.53			TS
	100	26.65			TS
uspension 125 mg/5 ml					
	100 ml	1.40			TS
250 mg/5 ml					
	100 ml	2.81			TS
AMOL (1335 Wigglesworth)					
	jar	1.21dz	0.30dz	*0.18*	
ECUTIVE (845 GM)					
havers					
Combina travelling set		.. ..	.. ..	*9.20*	
Gemini		2.59	0.63	*4.10*	
Ultimate		6.48	1.56	*10.82*	
Romeo					*d*
RROMYN (218 Calmic)					
S' tablets					
with folic acid					
existing entry					*d*
S' folic tablets	100	0.34	.. ..	0.51	
	1000	3.00			
RTAGESIC (1599 Winthrop)					
ablets	100	1.36			†s4B
DMENT (600 JH)					
	6½ oz	0.084	.. ..	*0.10½*	
	14 oz	0.16	.. ..	*0.20*	
	28 oz	0.288	.. ..	*0.36*	
NTS (1407 Jacaaz)					
xisting entry					*d*
RMOLENE (104 BP)					
edicated plasters		1.21dz	.. ..	*0.13*	
intment	tube	1.325dz	0.335dz	*0.17*	
ROVITAL H3 (1251 TTC)					
ablets	25	1.00	.. ..	*1.50*	†
als	12 x 5 cc	2.20	.. ..	*3.30*	
	25 x 5 cc	4.40	.. ..	*6.60*	
NTEEL (1335 Wigglesworth)					
tion		0.99dz	0.25dz	0.15	
ustilles		1.05dz	.. ..	0.13	
hampoo		1.10dz	0.275dz	0.16	

		Trade £.p	Tax £.p	Retail £.p	
GLYCOLOGNE (1335 Wigglesworth)					
hand jelly		1.00dz	0.25dz	*0.15*	
GOMINA ARGENTINA (1407 Jaccaz)					
hair fixative	tube	2.54dz	0.63dz	*0.38*	
	jar	4.62dz	1.15dz	*0.68*	
GO TROPIC (1335 Wigglesworth)					
suntan oil	80 cc	1.50dz	0.375dz	*0.22*	
GOULDS (1335 Wigglesworth)					
gripe mixture	4 oz	1.04dz	0.26dz	*0.15*	
HARVEY'S (139 Bleasdale)					*d*
HARVEY'S (577 Harvey)					*i*
(distributors 249 C&JL)					
HEALTHCRAFTS (29 Alfonal)					*d*
HEALTHCRAFTS (70 AHF)					*i*
HEDEX SELTZER (1190 SHP)					
granules		.. ..	.. ..	*0.15*	
HELENA RUBINSTEIN (596 HR)					
Bio-coverfluid	30 g	.. ..	.. ..	*0.75*	
HEXA-MANDELATE (1166 Southon)					
	300 ml	4.20dz	.. ..	*0.52*	
	2 l	1.50	.. ..	*2.25*	
HYDANTAL-SANDOZ (1098 Sandoz)					
entire entry					*d*
HYDROSPRAY (837 MSD)					
entire entry					*d*
ILFORD (645 Ilford)					
existing entry for paper, chemicals and lamps					*d*
paper Ilfobrom					
single weight					
2½ x 3½	100	0.34	0.085	*0.59½*	
3½ x 3½	100	0.45	0.115	*0.79*	
3½ x 4½	100	0.56	0.14	*0.98*	
3½ x 5	100	0.60	0.15	*1.05*	
3½ x 5½	25	0.22	0.055	*0.38½*	
	100	0.66	0.165	*1.15½*	
4¼ x 6½	25	0.31	0.08	*0.54½*	
	100	0.98	0.245	*1.71½*	
6½ x 8½	10	0.24	0.06	*0.42*	
	25	0.52	0.13	*0.91*	
	100	1.69	0.425	*2.96*	
8 x 10	10	0.33	0.085	*0.58*	
	100	2.33	0.585	*4.08*	
8 x 13	100	3.12	0.78	*5.46*	
8¼ x 11¾	100	2.91	0.73	*5.09½*	
10 x 10	100	3.01	0.755	*5.27*	
10 x 11	100	3.29	0.825	*5.76*	
10 x 12	10	0.48	0.12	*0.84*	
	100	3.58	0.895	*6.26½*	
12 x 15	10	0.71	0.18	*1.24½*	
	100	5.34	1.335	*9.34½*	
16 x 20	10	1.25	0.315	*2.19*	
20 x 24	10	1.92	0.48	*3.36*	
double weight					
3½ x 4½	100	0.65	0.165	*1.14*	
3½ x 5	100	0.71	0.18	*1.24½*	
3½ x 5½	25	0.25	0.065	*0.44*	
	100	0.77	0.195	*1.35*	
4¾ x 6½	25	0.35	0.09	*0.61½*	
	100	1.15	0.29	*2.01½*	
6½ x 8½	10	0.27	0.07	*0.47½*	
	25	0.59	0.15	*1.03½*	
	100	2.01	0.505	*3.52*	
8 x 10	10	0.37	0.095	*0.65*	
	100	2.75	0.69	*4.81½*	
10 x 11	100	3.91	0.98	*6.84½*	
10 x 12	10	0.56	0.14	*0.98*	
	100	4.26	1.065	*7.45½*	
12 x 15	10	0.81	0.205	*1.42*	
	100	6.34	1.585	*11.09½*	
16 x 20	10	1.43	0.36	*2.50½*	
20 x 24	10	2.19	0.55	*3.83½*	
chemicals					
Bromophen developer					
	600 cc	0.16	.. ..	*0.24*	
	1 l	0.30	.. ..	*0.45*	
	2.5 l	0.42	.. ..	*0.63*	
	5 l	0.61	.. ..	*0.91½*	
Hypam fixer	300 cc	0.32	.. ..	*0.48*	
	1 l	0.68	.. ..	*1.02*	
hardener					
	300 cc	0.21	.. ..	*0.31½*	
	20 oz	0.37	.. ..	*0.55½*	
ID 11	600 cc	0.16	.. ..	*0.24*	
	2.5 l	0.27	.. ..	*0.40½*	
	5 l	0.44	.. ..	*0.66*	
IF 23	5 l	0.79	.. ..	*1.18½*	
Ilfodix	1 l	0.25	.. ..	*0.37½*	
	2 l	0.30	.. ..	*0.45*	
	5 l	0.50	.. ..	*0.75*	
Ilfosol	300 cc	0.24	.. ..	*0.36*	
liquid acid hardener					
	2 l	0.68	.. ..	*1.02*	
	5 l	1.14	.. ..	*1.71*	
Microphen	600 cc	0.16	.. ..	*0.24*	
	2.5 l	0.33	.. ..	*0.49½*	
	13.5 l	1.16	.. ..	*1.74*	
Perceptol	600 cc	0.16	.. ..	*0.24*	
	2.5 l	0.35	.. ..	*0.52½*	
	5 l	0.54	.. ..	*0.81*	
PQ universal developer					
	300 cc	0.26	.. ..	*0.39*	
	1 l	0.47	.. ..	*0.70½*	
	5 l	1.50	.. ..	*2.25*	
lamps, darkroom					
No. 2		3.85	.. ..	*5.77½*	
No. 4		9.50	.. ..	*14.25*	
No. 7		4.15	.. ..	*6.22½*	
No. 8		4.75	.. ..	*7.12½*	
Junior		3.85	.. ..	*5.77½*	

		Trade £.p	Tax £.p	Retail £.p	
INDOCID (837 MSD)					
capsules 25 mg	30				*d*
INFLUVAC-MONO (1539 Duphar)					
A England	vial 10 ml	5.00			
INHALEX (1335 Wigglesworth)					
capsules	12	1.14dz	0.285dz	*0.17*	
ephedrine nasal oil	4 dr	0.97dz	0.24dz	*0.14*	
nasal solution					
	4 dr	0.97dz	0.24dz	*0.14*	
JAYCON (1606 Javcon)					*d*
JAYCON (1646 Dein)					*i*
sugar free soft drinks					
lemonade and cola		.. ..	.. ..	*0.10*	
JAYNOX (1423 Jaynox)					
eye droppers		0.205 (10)			
medicine droppers		0.205 (10)			
watch spring pessaries					
thin No 14-16		0.26			
ex thin No 47		0.16			
thick No 1-13		0.26			
thick No 14-16		0.35			
thin No 1-13		0.19			
JUVENA (1487 Juvena)					
beauty mask	20 cc	.. ..	.. ..	*1.25*	
creme de jour	38 g	.. ..	.. ..	*1.00*	
day cream	50 cc	.. ..	.. ..	*1.25*	
deodorant spray	4 oz	.. ..	.. ..	*1.25*	
essential skin cream					
	50 cc	.. ..	.. ..	*2.35*	
eye cream	20 cc	.. ..	.. ..	*1.40*	
fluid remover	40 cc	.. ..	.. ..	*1.50*	
hand and body lotion					
	125 cc	.. ..	.. ..	*0.90*	
Juvenance					
hand mask	55 cc	.. ..	.. ..	*2.35*	
silky cleanser	100 cc	.. ..	.. ..	*2.00*	
skin freshener spray					
	300 cc	.. ..	.. ..	*2.50*	
Juvenia soap	100 g	.. ..	.. ..	*0.75*	
loose face powder					
compact white refill		.. ..	.. ..	*0.35*	
Nitchevo					
eau parfumee	50 cc	.. ..	.. ..	*2.10*	
	100 cc	.. ..	.. ..	*3.40*	
aerosol	90 cc	.. ..	.. ..	*4.00*	
extrait	7 cc	.. ..	.. ..	*4.00*	
	14 cc	.. ..	.. ..	*6.25*	
parfum de toilette					
	50 cc	.. ..	.. ..	*3.00*	
	100 cc	.. ..	.. ..	*4.50*	
atomiser	100 cc	.. ..	.. ..	*4.75*	
	9 cc	.. ..	.. ..	*2.00*	
soap	100 g	.. ..	.. ..	*1.10*	
KASEMOL (269 Cleaver)					
ointment	1¾ oz				*d*
K. B. (1335 Wigglesworth)					
backache pills	60	1.30dz	0.325dz	*0.19*	
KERFOOTS (695 TK)					
pastilles					
blackcurrant and glycerine	500 g				*d*
bronchial	500 g				*d*
cherry cough	50g and 500g				*d*
friars balsam	50g and 500g				*d*
glycerine, lemon and honey	500g				*d*
KITIEN (1407 Jaccaz)					
lipstick indelible refill		3.30dz	0.82dz	*0.50*	
KOTEX (702 KC)					
sanitary towels					
size 0 pack of 10					*d*
size 1 pack of 5					*d*
size 1 pack of 12					*d*
size 2 pack of 12					*d*
LAEVODOSIN (218 Calmic)					
ampoules	10 ml	0.68	.. ..	*1.19*	
	10 x 10 ml	6.36	.. ..	*11.13*	
tablets	250	3.70	.. ..	*5.55*	
LAEVORAL (218 Calmic)					
liquid	250 ml	0.65	0.162	1.14	
LAEVORAL-C (218 Calmic)					
liquid	250 ml	0.74			
LAEVOSAN (218 Calmic)					
concentrate 40%					
	5 x 10 ml	0.41			
LANVIS (208 BW)					
tablets	25	4.66			†s4A
LARODOPA (1074 Roche)					
tablets 500 mg	200	5.90			†s4B
LASTESTAR (775 Longdon)					
existing entry					*d*
LASTESTAR (775 Longdon)					*i*
standard elastic yarn					
anklets	pr	1.36			
kneecaps	pr	1.36			
stockings					
above knee	pr	2.54			
below knee	pr	2.08			
thigh length for women					
	pr	2.62			
extra long	pr	2.96			
thigh length for men					
with suspenders					
	pr	2.76			
extra long	pr	3.10			
LEMKEM (1335 Wigglesworth)					
hot lemon drink					
sachets (6)		1.50dz	0.375dz	*0.22*	
LITENET (775 Longdon)					
existing entry					*d*

		Trade £.p	Tax £.p	Retail £.p	
LITENET (775 Longdon)					*i*
standard elastic net					
anklets	pr	1.22			
kneecaps	pr	1.00			
stockings					
below knee	pr	1.56			
thigh length for women	pr	2.00			
thigh length for men with suspenders	pr	2.16			
lightweight elastic net					
stockings					
below knee	pr	1.56			
thigh length for women	pr	2.00			
thigh length for men with suspenders	pr	2.16			
LIVING HAIR (1412 Jackel)					
protein conditioner		0.27	0.067	*0.47*	
shampoo	300 cc	0.335	0.084	*0.58*	
MACLEANS (105 BTD)					
toothpaste					
freshmint and white fluoride					
standard		1.19dz	0.30dz	*0.15½*	
large		1.725dz	0.435dz	*0.22½*	
economy		2.335dz	0.585dz	*0.30½*	
giant		2.91dz	0.73dz	*0.38*	
MAILLECRIN (1407 Jacaaz)					
friction gloves		0.68	0.07	*1.15*	
MAILLEPONGE (1407 Jacaaz)					
toilet mitts		0.40	0.04	*0.66*	
MANDELAMINE (1310 WW)					
tablets 0.25 g	60	2.76dz	.. ..	*0.34½*	
	500	16.32dz	.. ..	*2.03½*	
0.5 g	30	2.58dz	.. ..	*0.32*	
	250	14.34dz	.. ..	*1.79*	
	500	27.60dz	.. ..	*3.45*	
MAWS (810 Maw)					
Nursery Products					
baby bottle and food heater		1.60	0.40	*2.50*	
baby bottle warmer					*d*
McKINTOL (1335 Wigglesworth)					
dandruff lotion	110 ml	1.58dz	0.395dz	*0.23*	
MEDI-SACHE (972 Pharmax)					
25 ml sachets	250	2.50	.. ..	*3.75*	
MIA (839 Mia)					
blush tint		0.344	0.084	*0.60*	
concealer cream		0.344	0.084	*0.60*	
cool gel cleanser		0.344	0.084	*0.60*	
skin conditioner		0.344	0.084	*0.60*	
toning cleansing		0.344	0.084	*0.60*	
eye tints		0.258	0.063	*0.45*	
pearly		0.258	0.063	*0.45*	
face shaper		0.344	0.084	*0.60*	
foundation nature tint		0.344	0.084	*0.60*	
lipstick		0.287	0.07	*0.50*	
mascara automatic roll-on		0.287	0.07	*0.50*	
pressed powder		0.287	0.07	*0.50*	
MILO (883 Nestle)					
	8 oz	4.31 (2 dz)			
	16 oz	3.73dz			
Mr FIZZ (183 BOC)					
super syrup concentrates		1.52dz	0.27dz	*0.19*	
syphon	1 l	2.54	0.29	*3.70*	
	2 l	3.68	0.41	*5.35*	
MODECATE (1176 Squibb)					
ampoules 2 ml	5	9.75			†s4B
MONIL (858 Monil)					*d*
MONIL (861 MPC)					*i*
hair colour		0.145	0.035	*0.30*	
MORNING PRIDE (312 AC)					
shave cream brushless	94 g				*d*
MOTIVAL (1176 Squibb)					
tablets	1000	16.10			†s4B
MUSK OIL (1645 Alyssa Ashley)					
	¼ oz	0.80	0.20	*1.45*	
NYSTATIN-DOME (1460 Dome)					
ointment	15 g	0.40			TS
	30 g	0.75			TS
NYSTAVESCENT (1176 Squibb)					
pessaries	15	0.48			TS
	100	3.04			TS
OLD SPICE (1131 Shulton)					
after-shave lotion	3712	3.45dz	0.84dz	*0.52*	
	3710	5.04dz	1.23dz	*0.75*	
travel pack	3719	3.90dz	0.95dz	*0.58*	
presentation pack	3711	8.46dz	2.06dz	*1.26*	
after-shave lotion lime	3502	3.45dz	0.84dz	*0.52*	
anti-perspirant spray	3886	2.01dz	0.49dz	*0.30*	
aerosol	3850	3.06dz	0.75dz	*0.46*	
body talcum	3741	4.32dz	1.05dz	*0.65*	
	3742	2.81dz	0.68dz	*0.42*	
	3573	3.02dz	0.74dz	*0.45*	
Cologne for men	3722	4.16dz	1.01dz	*0.62*	
	3720	5.71dz	1.39dz	*0.85*	
deodorant aerosol	3876	3.31dz	0.81dz	*0.50*	
	3881	2.48dz	0.60dz	*0.37*	
stick	3880	3.31dz	0.81dz	*0.50*	
lime aerosol	3527	2.48dz	0.60dz	*0.37*	
hair cream, jar	3040	2.48dz	0.60dz	*0.37*	
tube	3043	2.15dz	0.52dz	*0.32*	
hairdressing aerosol	3672	2.81dz	0.68dz	*0.42*	
hair groom	3938	2.48dz	0.60dz	*0.37*	
hair tonic	3941	3.90dz	0.95dz	*0.58*	
pre-electric shave	3611	4.16dz	1.01dz	*0.62*	
roll-on	3640	4.16dz	1.01dz	*0.62*	
shampoo for men	3950	4.09dz	1.00dz	*0.61*	
shave mug	3700	5.37dz	1.31dz	*0.80*	
refill	3701	2.92dz	0.71dz	*0.44*	
shaving bowl	3709	3.96dz	1.097dz	*0.59*	
shaving cream lather	3820	2.92dz	0.71dz	*0.44*	
	3822	1.67dz	0.41dz	*0.25*	
brushless	3830	2.92dz	0.71dz	*0.44*	
	3832	1.67dz	0.41dz	*0.25*	
shaving stick	3890	3.06dz	0.75dz	*0.46*	
refill	3891	2.01dz	0.49dz	*0.30*	
smooth shave	3690	3.02dz	0.74dz	*0.45*	
soap	3792	1.83dz	0.45dz	*0.26*	
Burley					
after shave lotion	3114	4.41dz	1.07dz	*0.66*	
	3110	6.15dz	1.50dz	*0.92*	
travel pack	3119	4.81dz	1.17dz	*0.72*	
Cologne	3124	5.37dz	1.13dz	*0.80*	
	3120	7.92dz	1.93dz	*1.18*	
deodorant aerosol	3151	3.06dz	0.75dz	*0.46*	
stick	3148	4.03dz	0.98dz	*0.60*	
hairdressing aerosol	4172	3.76dz	0.92dz	*0.56*	
hair cream	3139	3.20dz	0.78dz	*0.48*	
smooth shave	3154	3.76dz	0.92dz	*0.56*	
talcum	3141	3.90dz	0.95dz	*0.58*	
	3140	5.71dz	1.39dz	*0.85*	
OPAS (1335 Wigglesworth)					
powder	2 oz	0.64dz	0.16dz	*0.09*	
	4 oz	1.09dz	0.27dz	*0.16*	
	8 oz	1.73dz	0.43dz	*0.25*	
tablets	33	0.80dz	0.20dz	*0.12*	
	66	1.31dz	0.33dz	*0.19*	
	99	1.90dz	0.475dz	*0.28*	
roll	(12)	1.34 (3 dz)	0.335 (3 dz)	*0.07*	
OPTICORTON (263 CIBA)					*d*
OPTICORTEN (263 CIBA)					*i*
ORIENTAL SPICE (1131 Shulton)					
after shave and shower	6229	3.02dz	0.74dz	*0.45*	
	6227	9.04dz	2.20dz	*1.35*	
	6228	13.10dz	3.19dz	*1.95*	
dragonhead	..	9.40dz	2.29dz	*1.40*	
deodorant aerosol		5.08dz	1.24dz	*0.76*	
soap	6232	5.37dz	1.31dz	*0.80*	
talcum	6234	4.32dz	1.05dz	*0.65*	
	6233	6.02dz	1.47dz	*0.90*	
OTALGAN (1259 Unichem)					
entire entry					*d*
OWBRIDGES (917 Organon)					
cough syrup	57 ml	1.524dz	0.381dz	*0.20*	
	100 ml	2.292dz	0.573dz	*0.30*	
OXYNHALER (183 BOC)					
packet inhaler complete		3.75	.. ..	*5.00*	
bulbs	(5)	1.13	.. ..	*1.50*	
PAEDO-SED (972 Pharmax)					
children's sedative					
sachets	12 x 5 ml	2.07dz	0.52dz	*0.28*	†s4B
bottle	100 ml	2.37dz	0.60dz	*0.32*	†s4B
	500 ml	0.68	.. ..	*0.91*	†s4B
PANADEINE CO (1599 Winthrop)					
tablets	24	2.495dz	0.625dz	0.36	†DDI
PANALEVE (1335 Wigglesworth)					
elixir	56 ml	1.57dz	.. ..	0.20	
tablets	25	1.07dz	.. ..	0.13	
	50	1.87dz	.. ..	0.24	
	100	3.03dz	.. ..	0.38	
Pancreatin (1335 Wigglesworth)					
granules	226 g	24.00dz	.. ..	*3.00*	
PARA HYPON (218 Calmic)					
tablets	10	0.08	0.02	0.14	†DDI
	dp 100	0.68			†DDI
PEDRIAN (1335 Wigglesworth)					
foot salve		1.09dz	0.27dz	*0.16*	
PHENSIC (104 BP)					
tablets	slide 20	1.325dz	0.335dz	0.17	
rheumatism ointment					
PHYTEIA (1251 TTC)					
	50 g	0.26	.. ..	0.39	
PROCTOSEDYL (1087 Roussel)					
ointment	15 g	0.55	0.138		TS
	30 g	1.05	0.262		TS
suppositories	12	0.48	0.12		TS
PRODERMIDE (695 TK)					
solid		0.20	0.05	0.35	
PROTEI-NAIL (1412 Jackel)					
tube	1½ oz	0.295	0.074	*0.52*	
bottle	3½ oz	0.48	0.12	*0.84*	
PROTEISET (1412 Jackel)					
styling lotion	135 g	0.235	0.059	*0.41*	
	240 g	0.335	0.084	*0.58*	
PYLURA (972 Pharmax)					
suppositories	12	2.73dz	0.68dz	0.38½†	
RAINETTE (331 C of C)					
hair lacquer aerosol	8 oz	2.00dz	0.46dz	*0.29*	
	16 oz	2.69dz	0.66dz	*0.39*	
refill bottles	55 cc	0.64dz	0.16dz	*0.09*	
sachet	30 cc	0.54dz	0.13dz	*0.07*	
33 cc and 60 cc refills					*d*
RAPID (1335 Wigglesworth)					
energy tablets	30	1.34dz	.. ..	*0.17*	
READSON DUO-RAY (1448 FWR)					
existing entry					*d*
READSON DUO-RAY (1448 FWR)					*i*
infra red and radiant heat apparatus					
adjustable floor stand	400	.. ..		*18.90*	
	401	.. ..		*17.85*	
	402	.. ..		*17.70*	
collapsible stand	412	.. ..		*21.50*	
	413	.. ..		*20.45*	
	414	.. ..		*20.30*	
mobile floor stand	420	.. ..		*21.50*	
	421	.. ..		*20.45*	
	422	.. ..		*20.30*	
emitters					
infra red	508	.. ..		*1.58*	
radiant heat	506	.. ..		*1.43*	
irradiator ultra vitalux		.. ..		*5.55*	
REDUCINE (1410 Reducine)					
(distributors 249 C & JL)					*i*
REGENERANS (1251 TTC)					
drops	20 ml	0.26	.. ..	0.39	
RETIN-A (922 Ortho)					
acne treatment	30 ml	0.98	0.25	*1.71½*	
RONSON (1079 Ronson)					
Family hairstyler		.. ..	.. ..	*7.97*	
ROTER (444 FAIR)					
tablets	20	0.18	0.045	*0.29*	
	500	3.50			
packs of 360 and 720					*d*
RUBIS POMPADOUR (1407 Jaccaz)					
nail-polishing stones		3.30dz	0.82dz	*0.50*	
RUPERT BEAR (189 BT)					
facial tissues		.. ..	.. ..	*0.14*	
R. V. T. (1335 Wigglesworth)					
tonic elixir	230 ml	1.79dz	0.45dz	*0.26*	†
SACSOL (1335 Wigglesworth)					
tablets	200	1.07dz	.. ..	*0.13*	
ST. FRANCIS (1335 Wigglesworth)					
cat and dog products					
antiseptic ear drops		1.58dz	0.395dz	*0.23*	
antiseptic ointment		1.20dz	.. ..	*0.15*	
Brush-off aerosol		2.90dz	.. ..	*0.36*	
diarrhoea tablets		1.32dz	0.33dz	*0.19*	
indigestion tablets		1.32dz	0.33dz	*0.19*	
laxative tablets		1.32dz	0.33dz	*0.19*	
liquid shampoo		1.32dz	0.33dz	*0.19*	
pain relief tablets		1.20dz	.. ..	*0.15*	
roundworm tablets		1.20dz	.. ..	*0.15*	
sedative tablets		1.32dz	0.33dz	*0.19*	
tapeworm tablets					
(cats and puppies)		1.32dz	0.33dz	*0.19*	
(dogs)		1.98dz	.. ..	*0.24*	
tonic/condition tablets					
(cats or dogs)		1.32dz	0.33dz	*0.19*	
SANICREPE (339 CG)					
cotton stretch bandage	5 cm	1.00dz			
	7.5 cm	1.45dz			
	10 cm	1.85dz			
	15 cm	2.75dz			
SAVENTRINE (972 Pharmax)					
tablets 30 mg	30	5.64dz	.. ..	0.63	†
	250	43.59dz	.. ..	4.84	†
SAVLON (649 ICI)					
babycare					
cream	100 g	2.88dz	.. ..	*0.35*	
SCORVITE (1335 Wigglesworth)					
tablets	14	1.60dz	.. ..	*0.20*	
SEBADAC (772 Lon)					
acne treatment pack		16.80dz	4.20dz	*2.60*	
SECONAL (413 Lilly)					
sodium Enseals 100 mg	100				*d*
SEPICHLOR (1335 Wigglesworth)					
lozenges	20	1.09dz	.. ..	0.14	
SILVERSTAR (775 Longdon)					
standard elastic yarn					
circular knit					
anklets	pr	0.97			
kneecaps	pr	0.97			
stockings					
below knee	pr	1.53			
thigh length for women	pr	1.77			
thigh length for men with suspenders	pr	1.90			
SILVIKRIN (105 BTD)					
hair cream	standard	1.15dz	0.29dz	*0.15*	
	large	1.685dz	0.425dz	*0.22*	
hair dressing		1.685dz	0.425dz	*0.22*	
hair spray	regular	1.915dz	0.48dz	*0.25*	
	economy	2.68dz	0.67dz	*0.35*	
pure		4.83dz	1.21dz	*0.63*	
shampoos					
alpine herb, lemon and lime, almond cream, egg protein	sachet	0.27dz	0.07dz	*0.03½*	
	standard	0.995dz	0.25dz	*0.13*	
	economy	1.455dz	0.365dz	*0.19*	
SINTISONE (227 Erba)					
cream	15 g	0.41	0.10	0.72	
SINTISONE-C (227 Erba)					
cream	15 g	0.51	0.13	0.89	
SLIM MAID (1335 Wigglesworth)					
tablets	50	2.10dz	.. ..	*0.26*	

		Trade £.p	Tax £.p	Retail £.p
SOFTEXE (339 CG)				
household wool				
pleated	small	0.80dz	.. ..	*0.09*
	medium	1.43dz	.. ..	*0.16*
roll	large	2.15dz	.. ..	*0.24*
SPARKLETS (183 BOC)				
existing entry				*d*
SPARKLETS (183 BOC)				*i*
beertap		2.03	0.23	*2.95*
trio set		3.03	0.34	*4.40*
barrel and tray		1.00	0.11	*1.45*
tray		1.03 (½ dz)	0.12 (½ dz)	*0.25*
bulbs				
'C'	10	4.36dz	0.78dz	*0.55*
'J'	6	2.25	.. ..	*3.00*
concentrates		2.24dz	0.40dz	*0.28*
Corkmaster		1.04	0.12	*1.50*
home brew kit				
beers		8.92dz	.. ..	*0.99*
wines		8.92dz	.. ..	*0.99*
ice bowl	1.2 l	2.73	0.31	*4.40*
	2 l	3.91	0.44	*6.30*
de luxe	1.2 l	3.04	0.34	*4.90*
syphons				
Ambassador		6.14	0.69	*9.90*
Aquarius		3.53	0.40	*5.10*
Executive		4.50	0.51	*6.50*
Globemaster		5.19	0.58	*7.50*
Hostmaster		3.53	0.40	*5.10*
drip tray		0.17	.. ..	*0.23½*
vacuum jugs		1.19	0.13	*1.95*
SPARKLOID (183 BOC)				
tablets		0.12	0.04	*0.20*
STA-BLOND (1113 S & B)				
bottle	120 cc	2.20dz	0.55dz	*0.29*
	80 cc			*d*
STANOXYL (311C)				*d*
STANNOXYL (311C)				*i*
STOMAHESIVE (1176 Squibb)				
plasters 10 cm x 10 cm	5	2.45		
existing entry for plasters				*d*
STYX (1523 Rallet)				
pulse perfume		0.539	0.135	*0.95*
SUDAFED (218 Calmic)				
elixir	150 ml	0.25	.. ..	*0.37* †
tablets	100	0.64	.. ..	*0.96* †sl
SUN REAL (918 Or-Lem)				
existing entry				*d*
SUN REAL (918 Or-Lem)				*i*
orange/lemon drink		1.38dz	tax paid	*0.15*
low calorie orange/lemon/ pineapple		1.06dz	tax paid	*0.11*
low calorie lime juice cordial		1.14dz	tax paid	*0.11½*
SUSIES (1335 Wigglesworth)				
perfect cleaner		1.23dz	.. ..	*0.15*
SWAVE (775 Longdon)				
lightweight elastic yarn thigh stockings		1.60		
SYLVIA (339 CG)				
sanitary towels				
10	popular	1.29dz	.. ..	*0.13½*
10	size 3	1.92dz	.. ..	*0.20*
10	maternity	2.20dz	.. ..	*0.23*
existing entry for maternity and size 3				*d*
TEEDA (1219 Teeda)				*d*
TEEDA (705 Kirby)				*i*
THERASAL (695 TK)				
	50 g	0.16	.. ..	0.24
	250 g	0.36	.. ..	0.54
THICKEN HAIR (1412 Jackel)				
conditioner	21 cc	0.105	0.026	*0.18½*
	100 cc	0.295	0.074	*0.52*
THRU (848 Minnesota)				
gel				*d*

		Trade £.p	Tax £.p	Retail £.p
TOLNATE (1153 SKF)				
ampoules 40mg/2ml				*d*
TOMMEE TIPPEE (1412 Jackel)				
baby products				
	D36/37	.. ..		*0.13*
	TT05	.. ..		*0.39*
	TT06	.. ..		*0.15*
	TT07	.. ..		*0.13*
	TT09	.. ..		*0.39*
	TT275	.. ..		*2.25*
	TT601	.. ..		*0.49*
	TT614	.. ..		*0.39*
	TT616	.. ..		*0.12*
	WP50	.. ..		*0.89*
	WP56	.. ..		*0.55*
	WP109	.. ..		*0.20*
	WP114	.. ..		*0.55*
	WP117	.. ..		*0.55*
	WP121	.. ..		*0.49*
	WP143	.. ..		*0.77*
	WP147	.. ..		*0.37*
	WP148	.. ..		*0.55*
	WP170	.. ..		*0.25*
TRASICOR (262 CIBA)				
tablets 80 mg	100	3.98		
TRIMACORN (1644 Swann-Morton)				
corn plane	10	0.625	0.155	*0.99*
blades	100	0.50	0.125	*0.79*
TUSSOBRON (1335 Wigglesworth)				
pastilles	30	1.05dz	.. ..	*0.13* †
syrup	56 ml	1.32dz	.. ..	*0.16* †
	114 ml	2.03dz	.. ..	*0.26* †
ULCANON (1335 Wigglesworth)				
		1.16dz	0.29dz	*0.17*
Gelets		1.05dz	0.26dz	*0.15*
VANEXANE (1335 Wigglesworth)				
head lotion	56 ml	1.00dz	0.25dz	*0.15*
VARIBAN (339 CG)				
elastic adhesive bandage B.P.C.				
2.5cm x 4.5m		1.65dz	.. ..	*0.20½*
5cm x 4.5m		2.90dz	.. ..	*0.34*
7.5cm x 4.5m		4.25dz	.. ..	*0.52*
10cm x 4.5m		5.55dz	.. ..	*0.66½*
VASOGEN (972 Pharmax)				
silicone	500 g	1.32	.. ..	*1.76*
VAXIHALER-FLU (1061 Riker)				
metered dose aerosol vaccine 25 dose plus 25 nasal applicators		17.50		
V-CIL-K (413 Lilly)				
syrup paediatric 125mg/5ml	60ml			*d*
VENO'S (104 BP)				
cough mixture	large	2.335dz	0.585dz	0.30
with honey and lemon	large	2.335dz	0.585dz	0.30
VESAGEX (1335 Wigglesworth)				
antiseptic ointment	60 g	2.11dz	.. ..	0.26
	500 g	0.74	.. ..	1.11
VIVELLE (451 F&J)				
body talc	..	2.12dz	0.505dz	*0.29*
VOSENE (105 BTD)				
shampoo liquid				
	standard	1.305dz	0.33dz	*0.17*
	economy	2.225dz	0.56dz	*0.29*
WALT DISNEY (1647 SML)				
tissues		2.88 (3 dz)		
WATERSPRITE (1160 Solport)				
face cloths	1508	3.12 (1⅔ dz)	0.35 (1⅔ dz)	*0.25*
	1506	1.60 (10)	0.18 (10)	*0.26*
WITCH DOCTOR (427 Ethichem) (distributors 1556 Farillon)				*i*
witch hazel gel	..	1.42dz	0.355dz	*0.19*
WITCH STIK (1363 SAL) existing entry				*d*
WITCH STIK (427 Ethichem) (distributors 1556 Farillon)				*i*
solid witch hazel	..	2.15dz	0.54dz	*0.29*

		Trade £.p	Tax £.p	Retail £.p
YEAST-VITE (104 BP)				
tablets	large	2.415dz	0.605dz	0.31
YOUTHAIR (772 Lóm)				
hairdressing		6.72dz	1.68dz	*0.99*

AMENDMENTS TO KEY TO SUPPLIERS

70	AHF	= Associated Health Foods Ltd. South Street, Godalming, Surrey. Godalming 23525
249	C & J L	= Chave & Jackson Ltd, 6 Broad Street, Hereford. 0432 2152
409	EH	= Edwards Harlene Ltd, Ashetree Works, Kingston Road, Leatherhead, Surrey. Leatherhead 76151
577	Harvey	= Harvey & Co. Ltd, 147 Upper Rathmines Road, Rathmines, Dublin 6, Ireland
588	H & H	= Heath & Heather Ltd, Division of Associated Health Foods Ltd. South Street, Godalming, Surrey. Godalming 23525
737	Lavapine	= Lavapine Ltd, Redroof, Balgavies By Forfar, Angus. Aberlemno 268
823	M & R	= McKesson & Robbins Ltd, Haine Industrial Estate, Ramsgate, Kent. Thanet 54661
845	GM	= Gordon Miller Ltd, 10 Stafford Road, Wallington, Surrey 01-669 1308
878	Napp	= Napp Laboratories Ltd, Hill Farm Avenue, Leavesden, North Watford, Herts. Garston 75255
1314	Weddel	= Weddel Pharmaceuticals Ltd, 4th Floor, Salisbury House, London Wall, London EC2M 5XD. 01-638 6088
1423	Jaynox	= Jaynox Ltd, Newstead Industrial Estate, Trentham, Stoke-on-Trent. Stoke-on-Trent 58541
1448	FWR	= F. W. Read & Sons Ltd, 6 Clerkenwell Road, London E.C.1. 01-251 0395
1522	UJPC	= Union Jack Paste Co. (1972) Ltd, Fore Street, Chulmleigh, Devon EX18 7BR. Chulmleigh 221
1616	Lipha	= Lipha UK, Pyramid Works, West Drayton, Middlesex. West Drayton, Middlesex. West Drayton 43013
1643	Eucomark	= Eucomark Distributors Ltd, Raphael House, 226 High Street North, London E.6. 01-552 4344
1644	Swann Morton	= Swann-Morton Ltd, Penn Works, Owlerton Green, Sheffield S6 2BJ. Sheffield 344231
1645	Alyssa Ashley	= Alyssa Ashley Division of Houbigant Ltd, Salbrook Road, Salfords, Redhill, Surrey. 02934 71561
1646	Dein	= Dein Brothers (Food Importers) Ltd, Terminal House, Olaf Street, London W.11. 01-229 3444
1647	SML	= Sterling Mansell Ltd, Mansell Way, Horwich, Bolton BL6 6JC. Horwich 68611

Safapryn*
brand of enteric-coated acetylsalicylic acid with paracetamol
*Trade Mark
for musculo-skeletal pain
provides high-dose aspirin free from gastric irritation

Pfizer
PFIZER LIMITED SANDWICH, KENT
1422

THIS WEEK'S CHANGES

		Trade £.p	Tax £.p	Retail £.p	
LBERTO-CULVER (24 ACC)					
Get Set					
hairspray					
normal hold	150 g	1.87dz	0.45dz	*0.26*	*c*
	303 g	2.96dz	0.70dz	*0.41*	
super hold	150 g	1.87dz	0.45dz	*0.26*	*i*
	303 g	2.96dz	0.70dz	*0.41*	
shampoo	sachet	0.21dz	0.05dz	*0.03*	
	560 cc	3.20dz	0.76dz	*0.44*	
VO5					
hairspray	75 g	1.33dz	0.32dz	*0.19*	*r*
entry for shampoo					*d*
LEXA (599 Henley)					
existing entries					*d*
LEXA (1364 HMS)					*i*
plastic occlusive dressings					
arm sleeve					
small	OD/1	0.25	-		
large	OD/2	0.25			
foot bag	OD/6	0.25			
	OD/26	0.25	0.025		
gloves					
small	OD/30	0.25	0.01		
	OD/14	0.50	0.041		
medium	OD/31	0.25	0.01		
	OD/15	0.50	0.041		
large	OD/32	0.25	0.01		
	OD/16	0.50	0.041		
shorts	OD/24	0.50	0.032		
	OD/25	0.50	0.034		
	OD/11	0.50	0.035		
	OD/12	0.50	0.035		
	OD/13	0.50	0.045		
torso vest, child	OD/20	0.50	0.045		
junior	OD/21	0.50	0.051		
adult	OD/7	0.50	0.056		
trousers, child	OD/22	1.00	0.063		
junior	OD/23	1.00	0.069		
small	OD/8	1.00	0.076		
medium	OD/9	1.00	0.079		
large	OD/10	1.00	0.093		
leg sleeve small	OD/3	0.25			
medium	OD/4	0.25			
large	OD/5	0.25			
ileo/colostomy bags		2.15			
adjustable elastic belts	pr	0.275			
NAFRANIL (501 Geigy)					
capsules 10 mg	100	1.18			†s4B•
ELL & HOWELL (107 B&H)					
(distributors Southall Bros & Barclay)					*i*
EMAX (103 Beecham)					
	10 oz	2.13dz			*a*
	20 oz	3.75dz			
ENYLIN (938 PD)					
paediatric	500 ml	0.56			†s7•
	2.25 l	2.30			†s7
RONTINA (192 Brocades)					
aerosol					*d*
RUT (446 FI)					
after shave creme lotion	5624	0.76	0.19	*1.40*	*i*
creme shave aerosol	5401	0.51	0.1275	*0.95*	*r*
essence de Brut atomiser	5649	3.51	0.8775	*6.50*	*i*
refill	5619	1.35	0.3375	*2.50*	
hair spray	5402	0.51	0.1275	*0.95*	*r*
lotion 3.2 oz	5443	1.29	0.3225	*2.40*	*i*
shower buff-deodorant powder	5400	1.18	0.295	*2.20*	
soap liquid	5660	0.51	0.1275	*0.95*	
magium	5610	0.62	0.155	*1.15*	
talcum shaker	5727	0.51	0.1275	*0.95*	*r*
ERTOR (786 Macdonald)					
belladonna plasters					
white cloth	5in x 7½in	0.72dz			*a*
	7in x 11in	1.32dz			
cellulose tissue	16 oz	0.32			
wadding	16 oz	0.19			

		Trade £.p	Tax £.p	Retail £.p	
gauze ribbon					
non sterilised					
1.25cm x 5m		0.62dz			*c*
1.25cm x 10m		0.72dz			
sterilised					
1.25cm x 5m		0.84dz			
1.25cm x 10m		1.20dz			
2.5cm x 5m		0.84dz			
2.5cm x 10m		1.32dz			
gauze tissue B.P.C.	4 oz	1.92dz			*a*
	16 oz	6.60dz			
zinc oxide spools					
½in x 1yd		0.48dz			
1in x 1yd		0.60dz			
½in x 3½yd		0.96dz			
1in x 3½yd		1.32dz			
½in x 5yd		1.20dz			
1in x 5yd		1.80dz			
2in x 5yd		2.88dz			
3in x 5yd		3.96dz			
½in x 10yd		1.80dz			
1in x 10yd		2.76dz			
burn dressings	No 12				*d*
capsicum tissue 1oz, 2oz, & 4oz					*d*
capsicum wool 1oz, 2oz & 4oz					*d*
CHUKKA (774 LR)					
entire entry					*d*
CLARKE'S (764 L&M)					*d*
CLARKE'S (558 Halas)					*i*
CONTROVLAR (1479 SCL)					
tablets	500				*d*
DO-DO (6571L)					
asthma tablets	24	0.1666	0.0416	0.25	†s7*a*
DYLON (816 Mayborn)					
Miss Dylon					
instant shoe colour		3.20dz	.. ..	*0.40*	*i*
conditioner		1.00dz	.. ..	*0.12½*	
existing entries for shoe colour and conditioner					*d*
EUCERIN (1154 SNP)					
anhydrous	dp 500 g	0.47			*a*
	dp 2 kg	1.35			*r*
hydrous	dp 500 g	0.36			*a*
	dp 2 kg	0.88			*i*
	dp 4 kg				*d*
FIX (1351 WLU)					
hair conditioner					*d*
FURACIN (1153 SKF)					*d*
FURACIN (403 Eaton)					*i*
(distributors 1153 SKF)					
FURADANTIN (1153 SKF)					*d*
FURADANTIN (403 Eaton)					*i*
(distributors 1153 SKF)					
FUROXONE (1153 SKF)					*d*
FUROXONE (403 Eaton)					*i*
(distributors 1153 SKF)					
GASTRILS (1154 SNP)					
pastilles	24	0.26	0.065	0.45½	*a*
	240	2.18	0.545	3.81½	
GERBER (315 CPC)					
fruits					
all varieties	6 oz	0.785dz	.. ..	*0.08*	*a*
GLYMIEL (1351 WLU)					
jelly	economy	1.66dz	0.415dz	*0.24*	*i*
protective hand cream	large				*d*
GUMPTION (1351 WLU)					*i*
paste 'A'	7½ oz	1.98 (2 dz)	.. ..	*0.11*	
'B'	15 oz	1.575dz	.. ..	*0.17½*	
'C'	30 oz	2.43dz	.. ..	*0.27*	
INAPASADE (1154 SNP)					
granules	60 pkts	3.37	.. ..	4.56	TS*a*
	120 pkts	6.36	.. ..	9.54	TS
paediatric	60 pkts	1.37	.. ..	2.06	TS
INAPASADE S. Q. (1154 SNP)					
granules	30 pkts	3.12	.. ..	4.68	TS*a*
KIKU (446 FI)					
antiperspirant spray	3 oz 0526	0.45	0.1125	*0.85*	*c*
	2 oz pack				*d*
perfume					
de luxe 3.7 cc	0541	1.35	0.3375	*2.50*	*c*
talcum	0535	0.48	0.12	*0.90*	

		Trade £.p	Tax £.p	Retail £.p	
LUCOZADE (103 Beecham)					
small		1.535* (2 dz)	0.215 (2 dz)		*a*
* includes 0.215 (2 dz) bottle deposit					
large		2.035dz*	0.315dz		
* includes 0.315 dz bottle deposit					
MEDISOAP (436 Evans)					
entire entry					*d*
MINERS (876 MP)					
bare make-up	3G06	1.70dz	0.425dz	*0.25*	*a*
bright eyes	3GG4	2.25dz	0.563dz	*0.33*	
darker liner	3G24	1.02dz	0.255dz	*0.15*	
eye autoliner	3JF2	2.11dz	0.527dz	*0.31*	
refill	3JF4	1.64dz	0.41dz	*0.24*	
eyebrow pencil	3J18	0.82dz	0.205dz	*0.12*	
eye brush	3G19	1.02dz	0.255dz	*0.15*	*r*
eye gel	3GG1	1.64dz	0.41dz	*0.24*	*a*
eyelashes					
crisscross		3.54dz	0.885dz	*0.52*	
extra fakes		2.18dz	0.545dz	*0.32*	
roundy, natty, flashy		3.20dz	0.80dz	*0.47*	
lower, flighty, sweepers, feathers, overs and unders, underlash		3.54dz	0.885dz	*0.52*	
eye paint	3JG9	1.64dz	0.41dz	*0.24*	
eye shadow pearly	3J85	1.17dz	0.292dz	*0.17*	
eye shadow applicator	3GC6	1.02dz	0.255dz	*0.15*	*r*
eye shadow wand	3GH5	2.25dz	0.563dz	*0.33*	*a*
eye shiners	3JG8	1.64dz	0.41dz	*0.24*	
eye shockers kit	3GH4	2.25dz	0.563dz	*0.33*	
face fixers	3GB1	1.64dz	0.41dz	*0.24*	
face shiner	3GO1	1.09dz	0.273dz	*0.16*	*r*
face wash	3GC3	0.95dz	0.237dz	*0.14*	
frosted blusher	3GD1	1.09dz	0.273dz	*0.16*	
Glo	3GO3	1.50dz	0.375dz	*0.22*	*a*
hair colour shampoo	3G37	1.02dz	0.255dz	*0.15*	
with developer	3G38	1.57dz	0.392dz	*0.23*	
hair lacquer spray	3G37	1.66dz	0.415dz	*0.23*	
hair spray aerosol	3GB7	1.66dz	0.415dz	*0.23*	
highlighter	3JF8	1.09dz	0.273dz	*0.16*	*r*
lip shiner	3G12	1.02dz	0.255dz	*0.15*	*a*
lipstick	3JD5	0.95dz	0.237dz	*0.14*	
swivel	3JD6	1.70dz	0.425dz	*0.25*	
make-up stick	3G74	1.70dz	0.425dz	*0.25*	
mascara block	3G30	1.02dz	0.255dz	*0.15*	
brush-on	3G25	1.70dz	0.425dz	*0.25*	
runproof	3G51	1.70dz	0.425dz	*0.25*	
autobrush	3J26	1.64dz	0.41dz	*0.24*	
refill	3J27	1.17dz	0.292dz	*0.17*	
lash-on	3J67	1.90dz	0.475dz	*0.28*	
refill	3J68	1.50dz	0.375dz	*0.22*	
matt shadow stick	3J21	1.02dz	0.255dz	*0.15*	
nail lacquer	3GD3	1.17dz	0.292dz	*0.17*	
frosted	3GD4	1.77dz	0.442dz	*0.26*	
remover	3G16	0.82dz	0.205dz	*0.12*	
powder shadow	3J22	1.02dz	0.255dz	*0.15*	
Quick clean	3GC4	0.95dz	0.237dz	*0.14*	*r*
roll-on foundation	3GG7	1.90dz	0.475dz	*0.28*	
rosy cheek rouge	3JF7	1.09dz	0.273dz	*0.16*	*r*
shadow stick frosted	3J96	1.17dz	0.292dz	*0.17*	*a*
shaper	3JE7	1.09dz	0.273dz	*0.16*	
Smoothie	3G02	1.50dz	0.375dz	*0.22*	
mirror compact	3GF4	2.18dz	0.545dz	*0.32*	
spot check	3JE3	1.36dz	0.34dz	*0.20*	
sun scene	3GB4	1.36dz	0.34dz	*0.20*	*r*
Tawny blusher	3JF9	1.09dz	0.273dz	*0.16*	
Take Care	3GB3	0.95dz	0.237dz	*0.14*	
trick tan	3GB5	1.23dz	0.307dz	*0.18*	
water colour eye shadow	3GG2	1.17dz	0.292dz	*0.17*	*a*
water colour kit	3GH2	3.00dz	0.50dz	*0.44*	
MINIMS (1154 SNP)					
single dose eye drops					
amethocaine hyd. 0.5%	20	0.61	.. ..	0.91½	†*a*
	100	2.44	.. ..	3.66	†
1.0%	20	0.61	.. ..	0.91½	†
	100	2.44	.. ..	3.66	†
atropine sulph. 1.0%	20	0.61	.. ..	0.91½	†sl
	100	2.44	.. ..	3.66	†sl
2.0%	20	0.61	.. ..	0.91½	†sl
	100	2.44	.. ..	3.66	†sl

For sore throats–mouth infections–sore gums

Oraldene

Unique, 8-hour antibacterial action from a single rinse

One pack O.T.C./prescription

A chemist-only product with high profit margin

WARNER

William R. Warner & Company Ltd., Eastleigh, Hants. Tel. Eastleigh 3131

		Trade £.p	Tax £.p	Retail £.p
benoxinate hyd. 0.4%				
	20	0.61	.. ..	0.91½†
	100	2.44	.. ..	3.66 †
chloramphenicol 0.5%				
	20	0.61	.. ..	0.91½TS
	100	2.44	.. ..	3.66 TS
cyclopentolate hyd. 0.1%				
	20	0.61	.. ..	0.91½
	100	2.44	.. ..	3.66
0.5%				
	20	0.61	.. ..	0.91½
	100	2.44	.. ..	3.66
1.0%				
	20	0.61	.. ..	0.91½
	100	2.44	.. ..	3.66
ephedrine hyd. 5.0%				
	20	0.61	.. ..	0.91½†
fluorescein sod. 2.0%				
	20	0.61	.. ..	0.91½
	100	2.44	.. ..	3.66
homatropine hyd. 1.0%				
	20	0.61	.. ..	0.91½†s1
	100	2.44	.. ..	3.66 †s1
2.0%				
	20	0.61	.. ..	0.91½†s1
	100	2.44	.. ..	3.66 †s1
hyoscine hyd. 0.2%				
	20	0.61	.. ..	0.91½†
	100	2.44	.. ..	3.66 †
neomycin sulph 0.5%				
	20	0.61	.. ..	0.91½TS
	100	2.44	.. ..	3.66 TS
phenylephrine hyd. 10%				
	20	0.61	.. ..	0.91½
	100	2.44	.. ..	3.66
pilocarpine nit. 1.0%				
	20	0.61	.. ..	0.91½†s1
	100	2.44	.. ..	3.66 †s1
2.0%				
	20	0.61	.. ..	0.91½†s1
	100	2.44	.. ..	3.66 †s1
3.0%				
	20	0.61	.. ..	0.91½†s1
	100	2.44	.. ..	3.66 †s1
4.0%				
	20	0.61	.. ..	0.91½†s1
	100	2.44	.. ..	3.66 †s1
rose bengal 1.0%	20	0.61	.. ..	0.91½
	100	2.44	.. ..	3.66
sodium chloride 0.9%				
	20	0.61	.. ..	0.91½
	100	2.44	.. ..	3.66
sulphacetamide sodium 10%				
	20	0.61	.. ..	0.91½†s4B
	100	2.44	.. ..	3.66 †s4B
30%				
	20	0.61	.. ..	0.91½†s4B
	100	2.44	.. ..	3.66 †s4B
NORINYL-1 (1584 Syntex)				
tablets	20 x 21	5.80		†s4B*a*
NORINYL-2 (1584 Syntex)				
tablets	wallet 21	0.32	.. ..	0.48 †s4B*a*
	20 x 21	6.40		†s4B
OLIVE (1315 HW)				
existing entry				*d*
OLIVE (1315 HW)				*i*
nail pliers	69001	7.20dz	.. ..	*0.90*
sunglasses				
british				
175		2.00dz	.. ..	*0.25*
176		4.00dz	.. ..	*0.50*
childrens 4749		0.80dz	.. ..	*0.10*
ladies				
1962		10.00dz	.. ..	*1.25*
1973		8.00dz	.. ..	*1.00*
4812, 4816		4.00dz	.. ..	*0.50*
4824		1.44dz	.. ..	*0.18*
5220		6.00dz	.. ..	*0.75*
1880 clip-ons		2.40dz	.. ..	*0.30*
ladies/mens				
4751		2.40dz	.. ..	*0.30*
4752, 5132		4.00dz	.. ..	*0.50*
4753		4.80dz	.. ..	*0.60*
4754, 5256		8.00dz	.. ..	*1.00*
4755		0.96dz	.. ..	*0.12*
5130		2.80dz	.. ..	*0.35*
5131		3.20dz	.. ..	*0.40*
5257		10.00dz	.. ..	*1.25*
mens				
4795		2.00dz	.. ..	*0.25*
4823		1.44dz	.. ..	*0.18*
5206		10.00dz	.. ..	*1.25*
5221		6.00dz	.. ..	*0.75*
1881 clip-ons		2.40dz	.. ..	*0.30*
universal				
5065		1.60dz	.. ..	*0.20*
polarised				
aviator				
127		1.15	0.01	*1.75*
127 GUN		1.41	0.01	*2.15*
ladies				
108		0.98	0.01	*1.50*
114		1.15	0.01	*1.75*
122, 136, 134 CR		1.41	0.01	*2.15*
124, 130, 180		1.22	0.01	*1.85*
128		1.06	0.01	*1.60*
130 CR, 130 GUN		1.48	0.01	*2.25*
141		0.83	.. ..	*1.25*
182		1.94	0.01	*2.90*
106 clip-ons		0.66	.. ..	*1.00*
mens				
123, 137		1.41	0.01	*2.15*
117		1.55	0.01	*2.35*
135 CR, 135 GUN		1.48	0.01	*2.25*
167		1.65	0.01	*2.50*
181		1.33	0.01	*2.00*
183		1.94	0.01	*2.90*
105 clip-ons		0.66	.. ..	*1.00*
pilot				
161, 165		1.55	0.01	*2.35*
universal				
107		1.15	0.01	*1.75*
113, 184		1.29	0.01	*1.95*
125, 135		1.22	0.01	*1.85*
131		1.06	0.01	*1.60*
133 GUN		1.41	0.01	*2.15*
139		0.66	.. ..	*1.00*
143		0.76	.. ..	*1.15*
166		1.55	0.01	*2.35*
OUTDOOR GIRL (876 MP)				
lip glossies				*0.17 i*
collection		2.39dz	.. ..	*0.35*
water creams		1.70dz	.. ..	*0.25*
Tawny				
eyebrow pencil	5G15	1.02dz	0.255dz	*0.15 a*
eye liner liquid	5G13	1.70dz	0.425dz	*0.25*
eye shadow liquid				
	5G12	2.04dz	0.51dz	*0.30*
stick	5G11	1.02dz	0.255dz	*0.15*
fragrance				
mini perfume				
	5G17	1.57dz	0.392dz	*0.25*
spray mist	5G16	3.75dz	0.937dz	*0.55*
glow on	5G04	1.02dz	0.255dz	*0.15*
lipstick plain trial				
	5G07	1.02dz	0.255dz	*0.15*
swivel	5G08	1.70dz	0.425dz	*0.25*
lipstick pearl trial				
	5G05	1.02dz	0.255dz	*0.15*
swivel	5G06	1.70dz	0.425dz	*0.25*
mascara brush	5G14	1.70dz	0.425dz	*0.25*
nail lacquer plain				
	5G09	1.70dz	0.425dz	*0.25*
frosted				
	5G10	1.70dz	0.425dz	*0.25*
rouge powder	5G03	1.02dz	0.255dz	*0.15*
Silk Finish	5G02	1.36dz	0.34dz	*0.20*
Touch	5G01	1.36dz	0.34dz	*0.20*
PARAMISAN (1154 SNP)				
sodium pashets	100	0.87	.. ..	1.30½i
	500			*d*
powder	100 g	0.37	.. ..	0.55½*a*
	500 g	1.44	.. ..	2.16
	1000 g			*d*
tablets	100	0.24	.. ..	0.36 *a*
	500	0.94	.. ..	1.41
PARAZONE (671 Jeyes)				
existing entry				*d*
PAROZONE (671 Jeyes)				
	1 gal	0.335	.. ..	0.39 *c*
PHARMATON (1545 Vestric)				
capsules	100	3 60	0.90	6.30 *c*
PLJ (103 Beecham)				
standard		1.945dz*	0.30dz	*a*
large		3.095dz*	0.505dz	
* Includes 0.30dz bottle deposit				
PRIMODIAN (1479 SCL)				
entire entry				*d*
PRIMOTESTON DEPOT (1479 SCL)				
ampoules 50 mg	3			*d*
PRODERMIDE (695 TK)				
solid	40 g	0.16	0.04	0.30 *r*
PYCAMISAN (1154 SNP)				
BD cachets	240	2.68	.. ..	4.02 TS*a*
	480	4.99	.. ..	7.48½TS
PH 10 cachets	100	1.185	.. ..	1.78 TS
	500	4.74	.. ..	7.11 TS*i*
33 cachets	100	1.26	.. ..	1.89 TS
50 cachets	100	1.32	.. ..	1.98 TS
PYCASIX (1154 SNP)				
cachets	180	2.68	.. ..	4.02 TS*a*
	360	4.99	.. ..	7.48½TS
PYCAZIDE (1154 SNP)				
tablets 50 mg	100	0.135	.. ..	0.20 TS*a*
	1000	0.915	.. ..	1.37 TS
100 mg	100	0.22	.. ..	0.33 TS
	500	0.87	.. ..	1.30½TS
REBAN (525 Golden)				
setting lotion	large	2.82d*z*	0.70d*z*	*0.40 r*
RECITAL (525 Golden)				
hair colourant				
super blonding lightener		5.58dz	1.40dz	*0.79 i*
super blonding bleach				*d*
SCHERIPROCT (1479 SCL)				
ointment 50 x 10 g				*d*
SHLOER (103 Beecham)				
apple juice	small	1.745* (2 dz)	0.25 (2 dz)	*a*
	large	2.00dz	0.36dz	
* Includes 0.25 (2 dz) bottle deposit				
SPONTEX (1174 Sponcel)				
Moppet sponge		0.41dz	0.046dz	*0.05½a*
3 in-a-bag Moppet		1.08dz	0.121dz	*0.14½*
THERAPAS (1154 SNP)				
powders 3.5 g	100	2.68	.. ..	4.02 *a*
cachets and powders 1.0 g				*d*
THERASAL (695 TK)				
	50 g	0.13	.. ..	0.20 *r*
	250 g	0.30	.. ..	0.45
THERAZID (1154 SNP)				
cachets	100	1.22	.. ..	1.83 TS*a*
powders	100	2.56	.. ..	3.84 TS
	500			*d*
fork	100	2.87	.. ..	4.30½TS*a*
THIAZINA (1154 SNP)				
tablets				
25 mg thiacetazone + 50 mg isoniazid	1000	0.80	.. ..	1.20 TS*a*
75 mg thiacetazone + 150 mg isoniazid				*d*
THIOPARAMIZONE (1154 SNP)				
tablets 75 mg	1000	1.10	.. ..	1.65 *a*
	5000	4.47	.. ..	6.70½
packs of 25 mg and 50 mg				*d*
TIGRESS (446 FI)				
savon extraordinaire in case	4015	0.43	0.1075	*0.80 i*
WELLDORM (1154 SNP)				
elixir	150 ml	0.33	.. ..	0.49½†s4B
	500 ml	0.84	.. ..	1.26 †s4B
tablets 650 mg	50 and 250			*d*
WYOVIN (1352 Wyeth)				
tablets	250			*d*
XANADU (446 FI)				
esprit de parfum spray		1.49	0.372	*2.75 i*
ZIZANIE (446 FI)				
talc	4 oz	.. ..	.. ..	*1.25 i*

AMENDMENTS TO KEY TO SUPPLIERS

403	Eaton	=	Eaton Laboratories, 125 High Holborn, London WC1V 6BR. 01-242 9501
558	Halas	=	Halas Laboratories Ltd, Thorp Arch Trading Estate, Boston Spa, Yorks. Boston Spa 842695
673	J of H	=	Johnsons of Hendon Ltd, Radlett Road, Colney Street, St.Albans, Herts. AL2 2EA. Radlett 4747

PRICES STANDSTILL

The prices given in this supplement, so far as we can ascertain, were in operation before the "price freeze".

CHEMIST & DRUGGIST

~~QUARTERLY~~ PRICE LIST

Changes published cumulatively in the Chemist & Druggist

vol 13 no 3 September 197

Commencing March 1973...

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Cosmetic products forming part of a range will be listed together under the manufacturer's name. Where appropriate, such products will also appear alphabetically through the Price List, cross referenced to the manufacturer's name.

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